

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90004 029 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                                                        |                                                                                                                                                  |                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|
| <b>DOCUMENT # P94000081998</b><br>1. Entity Name<br><b>FLORIDA ELECTRONIC INTERCHANGE CORPORATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |                                                                                                                        |                                                                                                                                                  |                                                        |  |
| Principal Place of Business<br><b>6195 DELTONA BLVD</b><br><b>SPRING HILL, FL 34606 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                                                                        | Mailing Address<br><b>6195 DELTONA BLVD</b><br><b>SPRING HILL, FL 34606 US</b>                                                                   |                                                        |  |
| 2. Principal Place of Business - No F.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                          |                                                                                                                                                  |                                                        |  |
| City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        | City & State<br><br>Zip      Country                                                                                   |                                                                                                                                                  |                                                        |  |
| 4. FEI Number<br><b>65-0559832</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                                                                                        |                                                                                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        |                                                                                                                        |                                                                                                                                                  | <b>\$8.75 Additional Fee Required</b>                  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>COATES, DEBORA L</b><br><b>6195 DELTONA BLVD</b><br><b>SPRING HILL, FL 34606</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                                                                        | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code |                                                        |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                                                                                        |                                                                                                                                                  |                                                        |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |                                                                                                                        |                                                                                                                                                  |                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                  |                                                        |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        |                                                                                                                        | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                     |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PD<br>COATES, DEBORA L<br>3256 ABERYLS STREET<br>SPRING HILL, FL 34606 | <input type="checkbox"/> Delete                                                                                        |                                                                                                                                                  |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TD<br>COATES, DEBORA L<br>3256 ABERYLS STREET<br>SPRING HILL, FL 34606 | <input type="checkbox"/> Delete                                                                                        |                                                                                                                                                  |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _____                                                                  | <input type="checkbox"/> Delete                                                                                        |                                                                                                                                                  |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _____                                                                  | <input type="checkbox"/> Delete                                                                                        |                                                                                                                                                  |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _____                                                                  | <input type="checkbox"/> Delete                                                                                        |                                                                                                                                                  |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _____                                                                  | <input type="checkbox"/> Delete                                                                                        |                                                                                                                                                  |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _____                                                                  | <input type="checkbox"/> Delete                                                                                        |                                                                                                                                                  |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _____                                                                  | <input type="checkbox"/> Delete                                                                                        |                                                                                                                                                  |                                                        |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                        |                                                                                                                        |                                                                                                                                                  |                                                        |  |
| SIGNATURE: <b>3/13/08</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                                                                                        |                                                                                                                                                  |                                                        |  |

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