## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## May 02, 2007 08:00 AM Secretary of State DOCUMENT # P02000100427 1. Entity Name ILON, INC. Principal Place of Business Mailing Address 1862 SALT MYRTLE LANE 1862 SALT MYRTLE LANE ORANGE PARK, FL 32002 ORANGE PARK, FL 32002 CR2E034 (11/05) 04302007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1632917 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HODGE, INA DO NOT WRITE 1862 SALT MYRTLE LANE ORANGE PARK, FL 32002 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title il applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PΩ HODGE, INA NAME STREET ADDRESS 1862 SALT MYRTLE LANE CITY-ST-ZIP ORANGE PARK, FL 32002 STD TITLE HODGE, JAMES NAME STREET ADDRESS 1862 SALT MYRTLE LANE CITY-ST-ZIP ORANGE PARK, FL 32002 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME U00000753332 05/22/07-80017-001 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

SIGNATURE AND TYPED OR PROTED NAME OF BIGHING OFF

4-30-07

Daytime Phone #

**FILED**