2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 09, 2007 08:00 A Secretary of State **DOCUMENT # 524152** 1. Entity Name ARMON, INC. Principal Place of Business Mailing Address 16050 S TAMIAMI TR 16050 S TAMIAMI TR STE 105 **STE 105** FT. MYERS, FL 33908 FT. MYERS, FL 33908 CR2E034 (11/05) 03052007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1727778 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOONSOPON, ARMON DO NOT WRITE 16050 S. TAMIAMI TRAIL IN THIS SPACE FT. MYERS, FL 33908 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PΩ TITLE BOONSOPON, ARMON NAME STREET ADDRESS 16050 S TAMIAMI TR. CITY-ST-ZIP FT. MYERS, FL 33908 TITLE U00000660661 NAME 03/20/07-80009-016 150.00 STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZiP NAME

12. Thereby certify that the information applied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 5, 2007 (239) 482-1140