2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# 665207

Entity Name: AVALON MINING, INC.

Current Principal Place of Business:

3333 S. ORANGE AVE.
SUITE 200
ORLANDO, FL 328068500 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 568821
ORLANDO, FL 328568821 US

New Mailing Address:

FEI Number: 59-1987878 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARTER, MAURY L
3333 S. ORANGE AVE., SUITE 200
ORLANDO, FL 328068500 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ATD ( ) Delete
Name: POITRAS, PATRICIA T,
Address: 3100 SPRINGHEAD CT
City-St-Zip: SAINT CLOUD, FL 34771

Title: DS ( ) Delete
Name: CARTER, MAURY L,
Address: 2950 SPRINGHEAD CT
City-St-Zip: ST CLOUD, FL

Title: DVP ( ) Delete
Name: POITRAS, EDWARD W,
Address: 27 LK HAMILTON BCH
City-St-Zip: HAINES CITY, FL

Title: DPT ( ) Delete
Name: POITRAS, JAMES W,
Address: 3100 SPRINGHEAD CT
City-St-Zip: SAINT CLOUD, FL 34771

Title: AS ( ) Delete
Name: WRAY, PAMELA,
Address: 1942 MELVIN
City-St-Zip: ORLANDO, FL 00000,

Title: AT ( ) Delete
Name: CHARRON, ROBERT H CPA
Address: 1400 COMPUTER DR
City-St-Zip: WESTBOROUGH, MA 01581

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA L. WRAY AS 04/23/2007

Electronic Signature of Signing Officer or Director — Date