


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 665207</b> 1. Entity Name <b>AVALON MINING, INC.</b>	
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Principal Place of Business <b>3333 S. ORANGE AVE. SUITE 200 ORLANDO, FL 32806-8500 US</b>	Mailing Address <b>P.O. BOX 568821 ORLANDO, FL 32856-8821 US</b>
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01082008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1987878</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CARTER, MAURY L 3333 S. ORANGE AVE., SUITE 200 ORLANDO, FL 32806-8500</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000871140 04/09/08-80118-014 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD POITRAS, PATRICIA T 3100 SPRINGHEAD CT SAINT CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARTER, MAURY L 2950 SPRINGHEAD CT ST CLOUD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP POITRAS, EDWARD W 27 LK HAMILTON BCH HAINES CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT POITRAS, JAMES W 3100 SPRINGHEAD CT SAINT CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WRAY, PAMELA 1942 MELVIN ORLANDO, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CHARRON, ROBERT H CPA 1400 COMPUTER DR WESTBOROUGH, MA 01581

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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.
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<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>03/17/2008</b> <small>Date</small>	<b>407 422 3144</b> <small>Daytime Phone #</small>
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