

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003225

FILED  
Jul 10, 2006  
Secretary of State

Entity Name: PRAYON INC.

## Current Principal Place of Business:

1633 MARVIN GRIFFIN ROAD  
AUGUSTA, GA 30903

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1473  
AUGUSTA, GA 309031473

## New Mailing Address:

FEI Number: 52-2234076

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRYAN, STEWART  
3525 REYNOLDS ROAD  
STE 8  
REGION, FL 338038372 US

## Name and Address of New Registered Agent:

CHARLES, BERBERAT  
3525 REYNOLDS ROAD  
STE 8  
REGION, FL 338038372 US

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: CHARLES BERBERAT

07/10/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: MARLIER, WILLY  
Address: 144 RUE JOSEPH WAUTERS, B-4480  
City-St-Zip: ENGIS (BELGIUM),

Title: PCEO ( ) Delete  
Name: NICOLAS BRAHAM, JEAN  
Address: 144 RUE JOSEPH WAUTERS, B-4480  
City-St-Zip: ENGIS (BELGIUM),

Title: VT ( ) Delete  
Name: CAPARA, YVES  
Address: 144 RUE JOSEPH WAUTERS, B-4480  
City-St-Zip: ENGIS (BELGIUM),

Title: VS ( ) Delete  
Name: WINKIN, JOEL  
Address: 144 RUE JOSEPH WAUTERS, B-4480  
City-St-Zip: ENGIS (BELGIUM),

Title: COO ( ) Delete  
Name: BATES, NICHOLAS  
Address: 1610 MARVIN GRIFFIN RD  
City-St-Zip: AUGUSTA, GA 30906

Title: T ( ) Delete  
Name: ALLEN, BETH  
Address: 1610 MARVIN GRIFFIN RD  
City-St-Zip: AUGUSTA, GA 30906 US

## 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 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: BETH ALLEN

T

07/10/2006

Electronic Signature of Signing Officer or Director

Date