

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003225

Entity Name: PRAYON INC.

FILED
May 14, 2009
Secretary of State

Current Principal Place of Business:

1633 MARVIN GRIFFIN ROAD
AUGUSTA, GA 30906

New Principal Place of Business:

1610 MARVIN GRIFFIN ROAD
AUGUSTA, GA 30906

Current Mailing Address:

PO BOX 1473
AUGUSTA, GA 30903 US

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:

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

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: GOETHAERT, STEFAN A
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 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

VP F

05/14/2009

Electronic Signature of Signing Officer or Director

_____ Date