2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004924

Entity Name: SEGONE INC.

City-St-Zip:

CORAL SPRINGS, FL 330717392

FILED Jul 27, 2007 Secretary of State

C B	rincinal Bloc	of Business	New Principal Place	of Business	
Current P	rincipai Piac	e of Business:	New Principal Place	or Business:	
210 NORT SUITE 208	H UNIVERSIT	Y DRIVE			
	PRINGS, FL 3	330717392			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
210 NORTH UNIVERSITY DRIVE SUITE 208			3847 LANDINGS DRIVE BOCA RATON, FL 33496		
CORAL SE	PRINGS, FL 3	330717392			
FEI Number	: 52-2384285	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
210 N UNI SUITE 208		VE 330717392 US			
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CONKLING, S 210 NORTH UI) Delete TEPHEN NIVERSITY DRIVE, SUITE 208 IGS, FL 330717392	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WLADYKA, GF 210 NORTH UI) Delete REG NIVERSITY DRIVE, SUITE 208 IGS, FL 330717392	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	BISHINS, SCC) Delete TT NIVERSITY DRIVE, SUITE 208	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: SCOTT BISHINS CEO 07/27/2007