2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001641

Entity Name: AVALON PC CORP.

FILED Jan 27, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of Business:		
4370 LA J SUITE 650	OLLA VILLAGE		·		
Current M	lailing Addres	s:	New Mailing Address:		
SUITE 650	OLLA VILLAGE) 60, CA 92122	DRIVE			
FEI Number	: 86-0917706	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address of	New Registered Agent:	
	TEVEN E TIER DRIVE AST, FL 32137	'US			
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Ager			ent	Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MIRBOD, MAR	VILLAGE DRIVE, SUITE 650	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () JONES, STEVE 11 FRONTIER I PALM COAST,	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MIRBOD, RAYN	VILLAGE DRIVE, SUITE 650	Title: Name: Address: City-St-Zip:	() 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.

SIGNATURE: MARC MIRBOD MR. 01/27/2009