2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 17, 2006 8:00 am **Secretary of State** DOCUMENT # F9900001181 02-17-2006 90074 043 ***150.00 ARCON RESOURCES, INC. Principal Place of Business Mailing Address 36 WEATHERBY DR. GREENVILLE SC 29615 36 WEATHERBY DR. GREENVILLE SC 29615 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 57-0752328 Not Applicable -Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **CUMMING, JOHN** Street Address (P.O. Box Number is Not Acceptable) 2911 CLEMWOOD DR ORLANDO FL 32803 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete ☐ Change ☐ Addition PATTERSON, GENE NAME NAME STREET ADDRESS 36 WEATHERBY DR. STREET ADDRESS CITY-ST-7IP **GREENVILLE SC 29615** CITY-ST-ZIP TITLE ☐ Delete TITLE NAME PATTERSON, NOEL NAME STREET ADDRESS 4213 SANDY SHORES DRIVE 110 Gilderview Dr-Simpsonuille, Sc 2567 STREET ADDRESS CITY-ST-ZIP **LUTZ FL 33558** CITY-ST-ZIP Delete TITLE PATTERSON, MARK NAME tho Kingsgate Court Simpsonville, Sc. 28641 STREET ADDRESS STREET ADDRESS 265 CRABAPPLE CHASE CT. CITY-ST-ZIP CITY-ST-ZIP ALPHARETTA GA 30004 TITLE ☐ Delete TITLE PATTERSON, EDNA NAME NAME STREET ADDRESS 36 WEATHERBY DR. STREET ADDRESS CITY-ST-ZIP **GREENVILLE SC 29615** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

212106 Date 864-357-5507 Daytime Phone #

FILED