2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# K65948

Entity Name: NOXON COMPANY

Current Principal Place of Business:

1200 S PINE ISLAND ROAD
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

821 HASTINGS ST
STE 8
TRAVERSE CITY, MI 49686 US

New Mailing Address:

FEI Number: 65-0096858 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HOAGLAND, JAMES H.,
Address: 134 LIGHTHOUSE ROAD
City-St-Zip: HUBBARDS NS, CA CA

Title: D ( ) Delete
Name: HOAGLAND, SHARON N.,
Address: 134 LIGHTHOUSE ROAD
City-St-Zip: HUBARDS NS, CA CA

Title: DP ( ) Delete
Name: HOAGLAND, JOHN T.,
Address: 6168 TAMARACK LANE
City-St-Zip: MAPLE CITY, MI 49664

Title: D ( ) Delete
Name: HOAGLAND, NANCY L,
Address: 24654 RODEO FLAT ROAD
City-St-Zip: AUBURN, CA 95602

Title: DV ( ) Delete
Name: MAGOUN, PETER R.,
Address: 9888 PENINSULA DRIVE
City-St-Zip: TRAVERSE CITY, MI 49686

Title: STD ( ) Delete
Name: MAGOUN, ANNE H.,
Address: 9888 PENINSULA DRIVE
City-St-Zip: TRAVERSE CITY, MI 49686

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HOAGLAND, JAMES H.,
Address: 134 LIGHTHOUSE ROAD
City-St-Zip: HUBBARDS, NS B0J1T0

Title: D (X) Change ( ) Addition
Name: HOAGLAND, SHARON N.,
Address: 134 LIGHTHOUSE ROAD
City-St-Zip: HUBARDS, NS B0J1T0

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: ANNE H. MAGOUN S 03/31/2009

Electronic Signature of Signing Officer or Director Date