2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 18, 2008 08:00 AM **DOCUMENT #L19205 Secretary of State** 1. Entity Name KINGON REALTY, INC. Principal Place of Business Mailing Address 24520 PRODUCTION CIRCLE 24520 PRODUCTION CIRCLE BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135 CR2E034 (11/05) 01102008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0148667 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KINGON, ANN B. DO NOT WRITE 24520 PRODUCTION CIRCLE STE-7 IN THIS SPACE BONITA SPRINGS, FL 34135 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. Signature, typed or priviled name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) U00000789056 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 01/22/08-80010-012 150.00 OFFICERS AND DIRECTORS 10. TITLE DINICOLA, ALFRED J NAME STREET ADDRESS 24520 PRODUCTION CIRCLE CITY - ST - 7IP BONITA SPRINGS, FL 34135 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-St-7P IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained 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 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 of truebee emosyered 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 vitin an address, with all other rike empowered.

SIGNING OFFICER OR DIRECTOR

Date

Daylimo Phone #

FILED