

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000015444

1. Entity Name
ELYON TECHNOLOGIES INC.



Principal Place of Business
8839 SAPPHIRE DR
TALLAHASSEE, FL 32308

Mailing Address
P.O. BOX 125
TALLAHASSEE, FL 32302-0125

FILED

2008 APR 23 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04232008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3726498

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YON, EDDIE L
8839 SAPPHIRE DR
TALLAHASSEE, FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	CEOT YON, EDDIE L	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 125	
CITY - ST - ZIP	TALLAHASSEE, FL 323020125	
TITLE NAME	D YON, VERONICA A	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 125	
CITY - ST - ZIP	TALLAHASSEE, FL 323020125	
TITLE NAME	CEO CHIN, ANDREW	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 125	
CITY - ST - ZIP	TALLAHASSEE, FL 323020125	
TITLE NAME	D CHIN, SANDY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 125	
CITY - ST - ZIP	TALLAHASSEE, FL 323020125	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	300125269653
CITY - ST - ZIP	04/23/08--01017--001 **211.25
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDDIE L. YON

Date

4/23/08

Daytime Phone #

556-0957