2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000071116

FILED Mar 06, 2007 Secretary of State

| Entity Nar | ne: AENON, | INC. | | | | | | |
|---|--|---------------|----------------------|---|---|-------------------------------|----------|--|
| Current Principal Place of Business: | | | | New Princ | New Principal Place of Business: | | | |
| | VE SO #137 RSBURG, FL | 33701 | | | | | | |
| Current Mailing Address: | | | | New Maili | New Mailing Address: | | | |
| 200 2ND AVE SO #137 ST. PETERSBURG, FL 33701 | | | | | 7605 TAFT PLACE INDIAN TRAIL, NC 28079 | | | |
| FEI Number: | 59-3741942 | FEI Numbe | er Applied For() | FEI Number Not App | licable () | Certificate of Status Desired | d() | |
| Name and Address of Current Registered Agent: | | | | Name and | Name and Address of New Registered Agent: | | | |
| WORKMAN, HOLLIE M 200 2ND AVE SO #137 ST. PETERSBURG, FL 33701 US | | | | 2699 SEVI CONDO 1 | WORKMAN, HOLLIE M 2699 SEVILLE RD. CONDO 101 CLEARWATER, FL 33764 US | | | |
| | named entity of Florida. | submits this | statement for the pu | urpose of changing i | ts registered | office or registered agent, o | or both, | |
| SIGNATUR | RE: | | | | 03/06/2007 | | | |
| | Electro | nic Signature | e of Registered Age | nt | | Date | | |
| Election Car | npaign Financir | ng Trust Fund | Contribution (). | | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | PD (WORKMAN, N 7605 TAFT PL INDIAN TRAIL | ACE | | Title: Name: Address: City-St-Zip: | (|) Change () Addition | | |
| Title: Name: Address: City-St-Zip: | WORKMAN, H 200 2ND AVE. | | 1 | Title: Name: Address: City-St-Zip: | (|) Change () Addition | | |
| Title: Name: Address: City-St-Zip: | WORKMAN, F 200 2ND AVE. | | 1 | Title: Name: Address: City-St-Zip: | WORKMAN, F | ERD CONDO 101 | | |

I hereby certify that the information supplied with this filing does not qualify for the 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: H. M. WORKMAN DST 03/06/2007