2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004
Secretary of State

DOCUMENT# P02000044609

Entity Name: AZON INTERNATIONAL, INC.

Current Principal Place of Business:

815 ORIENTA AVENUE #2
ALTAMONTE SPRINGS, FL 327015600

New Principal Place of Business:

815 ORIENTA AVENUE
102
ALTAMONTE SPRINGS, FL 327015600

Current Mailing Address:

815 ORIENTA AVENUE #2
ALTAMONTE SPRINGS, FL 327015600

New Mailing Address:

815 ORIENTA AVENUE
102
ALTAMONTE SPRINGS, FL 327015600

FEI Number: 03-0434417 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEHMANN, KEITH
815 ORIENTA AVENUE #2
ALTAMONTE SPRINGS, FL 327015600

Name and Address of New Registered Agent:

LEHMANN, KEITH
815 ORIENTA AVENUE
102
ALTAMONTE SPRINGS, FL 327015600

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: _____ 01/16/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete
Name: LEHMANN, KEITH
Address: 815 ORIENTA AVENUE #2
City-St-Zip: ALTAMONTE SPRINGS, FL 327015600

Title: DP ( ) Delete
Name: LEHMAN, CORAZON P
Address: 502 RIVIERA DR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change ( ) Addition
Name: LEHMANN, KEITH
Address: 815 ORIENTA AVENUE #102
City-St-Zip: ALTAMONTE SPRINGS, FL 327015600

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KEITH LEHMANN DVP 01/16/2004
Electronic Signature of Signing Officer or Director — Date