2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000044609

Entity Name: AZON INTERNATIONAL, INC.

FILED Apr 15, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

815 ORIENTA AVENUE 2020

ALTAMONTE SPRINGS, FL 327015600 US

Current Mailing Address: New Mailing Address:

815 ORIENTA AVENUE 2020

ALTAMONTE SPRINGS, FL 327015600 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEHMANN, KEITH KEICOR CONSULTING, INC. 815 ORIENTA AVENUE 815 ORIENTA AVENUE

2020 2020

ALTAMONTE SPRINGS, FL 327015600 US ALTAMONTE SPRINGS, FL 327015600 US

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: KEITH LEHMANN 04/15/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP () Delete Title: DP (X) Change () Addition

Name: LEHMANN, KEITH Name: LEHMANN, KEITH

Address: 815 ORIENTA AVENUE #2020 Address: 815 ORIENTA AVENUE #2020

City-St-Zip: ALTAMONTE SPRINGS, FL 327015600 US City-St-Zip: ALTAMONTE SPRINGS, FL 327015600 US

Title: DP () Delete Title: DVP (X) Change () Addition

Name: LEHMANN, CORAZON P Name: LEHMANN, CORAZON P Address: 502 RIVIERA DR. Address: 815 ORIENTA AVE STE 2020

City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US City-St-Zip: ALTAMONTE SPRINGS, FL 327015600 US

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: KEITH LEHMANN DP 04/15/2007