

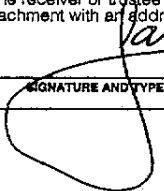


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 01, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000014695 1. Entity Name NORDOON, CORP.		
Principal Place of Business 2645 N.E. 207TH STREET SUITE 101 AVENTURA, FL 33180		Mailing Address 2645 N.E. 207TH STREET SUITE 101 AVENTURA, FL 33180
DO NOT WRITE IN THIS SPACE		 02092005 No Chg-P CR2E034 (10/03)
		4. FEI Number 56-2327973 Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent AVAKIAN, ALBERTO 2645 N.E. 207TH STREET SUITE 101 AVENTURA, FL 33180		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 1100000247373 03/01/05-80018-022 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AVAKIAN, ALBERTO 2645 N.E. 207TH STREET SUITE 101 AVENTURA, FL 33180	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD AVAKIAN, ADOLFO D 2645 N.E. 207TH STREET SUITE 101 AVENTURA, FL 33180	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.		
SIGNATURE:  Adolfo Avakian		Date 02/12/05 Daytime Phone # 7862563815