

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000000764

Entity Name: COGON SYSTEMS, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

17 SO PALAFOX PL STE 300
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

PO BOX 13025
PENSACOLA, FL 325913025

New Mailing Address:

FEI Number: 20-0547921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEGGS & LANE, RLLP
501 COMMENDENCIA ST
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HENSELMANN, BARBARA
Address: 1019 WIND CHIME WAY
City-St-Zip: PENSACOLA, FL 32503

Title: PCD () Delete
Name: NGUYEN, HUY B CEO
Address: 1019 WIND CHIME WAY
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: CRAIN, PHIL
Address: 5545 OAKMONT DRIVE
City-St-Zip: PACE, FL 32571

Title: D (X) Delete
Name: KELLY, ROBERT ADM
Address: 2031 CROWN POINTE BLVD
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: MARCUS, STEVE
Address: 20411 NEW 22 PLACE
City-St-Zip: AVENTURA, FL 33180

Title: S (X) Delete
Name: COTTON, KATHY SEC
Address: 9 CYPRESS POINT WEST
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HENSELMANN, BARBARA
Address: 154 ETHEL WINGATE DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: PCD (X) Change () Addition
Name: NGUYEN, HUY B CEO
Address: 154 ETHEL WINGATE DRIVE
City-St-Zip: PENSACOLA, FL 32507

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: HUY NGUYEN

CEO

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date