2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000116214

City-St-Zip:

Entity Name: COXON ENTERPRISES, INC.

FILED Jul 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 14717 DAY LILY COURT ORLANDO, FL 32824 **Current Mailing Address: New Mailing Address:** 14717 DAY LILY COURT ORLANDO, FL 32824 US FEI Number: 45-0552556 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COHN, SCOTT E ESQ. 315 SÉ 7TH STREET 2ND FLOOR FT. LAUDERDALE, FL 33301 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition COXON, DARREN Name: Name: 14717 DAY LILY COURT Address: Address: City-St-Zip: ORLANDO, FL 32824 US City-St-Zip: (X) Delete Title: VΡ Title: () Change () Addition Name: COXON, LEONARD Name: 14717 DAY LILY COURT Address: Address: ORALNDO, FL 32824 US

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: DARREL LEE COXON 07/02/2007 MR