## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000036535

Entity Name: ARICON GROUP CORPORATION

1600 VILLA CAPRI CIRCLE #302

ODESSA, FL 33556

Address: City-St-Zip: FILED Jan 11, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2002 N LOIS AVE				1539 DALE MABRY HIGHWAY			
220 TAMPA, F	L 33607			102 LUTZ, FL	33548		
Current Mailing Address:				New Mailing Address:			
2002 N LOIS AVE 220				1539 DALE MABRY HIGHWAY 102			
TAMPA, FL 33607				LUTZ, FL 33548			
FEI Number:	: 20-4475819	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certificate of Status De	esired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
PYUN, JOO H 1600 VILLA CAPRI CIRCLE 302 ODESSA, FL 33556 US				PYUN, JOO H 35001 MEADOW REACH DR ZEPHYRHILLS, FL 33541 US			
	named entity e of Florida.	submits this statement for the	purpose o	f changing i	ts registered	d office or registered age	ent, or both,
SIGNATURE:				01/11/2008			
	Electro	nic Signature of Registered A	gent			Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( KIM, YOUNG O 17425 LAWN O LAND O LAKE	ORCHID LOOP		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( SELLERS, WL 2943 BILLINGI LAND O LAKE:	HAM DR		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name:	CAO ( PYUN, JOO H	) Delete		Title: Name:	CAO PYUN, JOO	(X) Change ( ) Addition	

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.

Address:

City-St-Zip:

35001 MEADOW REACH DR

ZEPHYRHILLS, FL 33541

SIGNATURE: JOO H PYUN CAO 01/11/2008