2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007
Secretary of State

DOCUMENT# P06000060807

Entity Name: ARGON WEB MANAGEMENT, INC.

Current Principal Place of Business:

1332 HONEY ROAD
APOPKA, FL 32712 US

New Principal Place of Business:

1021 CREEKS BEND DRIVE
CASSELBERRY, FL 32707 US

Current Mailing Address:

1332 HONEY ROAD
APOPKA, FL 32712 US

New Mailing Address:

1021 CREEKS BEND DRIVE
CASSELBERRY, FL 32707 US

FEI Number: 20-4824629 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COX, SHANNON
1332 HONEY ROAD
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

COX, SHANNON T
1021 CREEKS BEND DRIVE
CASSELBERRY, FL 32707 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: SHANNON T. COX 03/13/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COX, SHANNON
Address: 1332 HONEY ROAD
City-St-Zip: APOPKA, FL 32712 US

Title: S ( ) Delete
Name: COX, MICHELLE
Address: 1332 HONEY ROAD
City-St-Zip: APOPKA, FL 32712 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change ( ) Addition
Name: COX, SHANNON T P
Address: 1021 CREEKS BEND DRIVE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: MRS (X) Change ( ) Addition
Name: COX, MICHELLE M T
Address: 1021 CREEKS BEND DRIVE
City-St-Zip: CASSELBERRY, FL 32707 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: SHANNON T. COX MR 03/13/2007
Electronic Signature of Signing Officer or Director Date