2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000136470

1. Entity Name
IONIAN INC.

Principal Place of Business	Mailing Address
2514 PGA BLVD. PALM BCH GARDENS, FL 33410	2514 PGA BLVD. PALM BCH GARDENS, FL 33410

04032007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
20-5793491		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RONDOS, PETROS
2514 PGA BLVD.
PALM BCH GARDENS, FL 33410

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	NERANTZIS, SPIROS
STREET ADDRESS	185 INDIAN CREEK PKWY.
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	VSD
NAME	RONDOS, PETROS
STREET ADDRESS	185 INDIAN CREEK PKWY.
CITY-ST-ZIP	JUPITER, FL 33458

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04/16/07-80012-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Petros Rondos – PETROS RONDOS –VP*   4/4/07   (561)622-4845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #