2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000068599

Entity Name: BOON ENGINEERING, INC.

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

437 E. MONROE ST., SUITE 100 437 EAST MONROE STREET JACKSONVILLE, FL 32202 SUITE 100

JACKSONVILLE, FL 32202

Current Mailing Address: New Mailing Address:

437 E. MONROE ST., SUITE 100 437 EAST MONROE STREET SUITE 100 JACKSONVILLE, FL 32202

JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FEI Number: 26-0341720 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOON, DAVID 437 E. MONROE ST., SUITE 100 JACKSONVILLE, FL 32202

BOON, DAVID M 437 EÁST MONROE STREET SUITE 100 JACKSONVILLE, FL 32202 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: DAVID M. BOON 03/20/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete Title:

Title: BOON, DAVID Name: Name: BOON, DAVID M

437 E. MONROE ST., SUITE 100 437 E. MONROE ST., SUITE 100 Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202

() Delete Title: Title: SD (X) Change () Addition

BOON, BROOKE J Name: BOON, BROOKE Name:

437 E. MONROE ST., SUITE 100 Address: 437 E. MONROE ST., SUITE 100 Address: JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 City-St-Zip: 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: DAVID M. BOON DP 03/20/2009