2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# P07000095969

Entity Name: MIKON INC.

Current Principal Place of Business:

620 41ST AVE
VERO BEACH, FL 32968

New Principal Place of Business:

Current Mailing Address:

620 41 AVE
VERO BEACH, FL 32968

New Mailing Address:

FEI Number: 26-0786522 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED SALONS BEAUTY & BARBER SHOPE
620 41 AVE
VERO BEACH, FL 32968 US

Name and Address of New Registered Agent:

UNITED SALONS BEAUTY & BARBER SHOPE
600 6TH AVE
11 B
VERO BEACH, FL 32962 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: 05/01/2008
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:

Title: PTSD ( ) Delete
Name: POOLEY, CONNIE R
Address: 620 41 AVE
City-St-Zip: VERO BEACH, FL 32968 IR

Title: VP ( ) Delete
Name: POOLEY, MICHAEL A
Address: 620 41 AVE
City-St-Zip: VERO BEACH, FL 32968 IR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: CONNIE RAE POOLEY PTSD 05/01/2008
Electronic Signature of Signing Officer or Director Date