

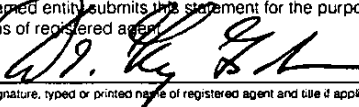
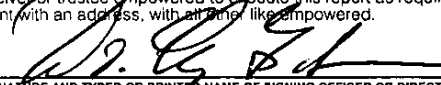


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000119759 1. Entity Name THE IYON, INC.				FILED 08 SEP -3 PM 5:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business YENIBOSNA MERKEZ MAH. YIDIRIM BAYAZIT CAD. NO: 199, 34530 BAHCELEVLER ISTANBUL- TURKEY,		Mailing Address 426 NORTHEAST 13TH AVE FORT LAUDERDALE, FL 33301			
2. Principal Place of Business - No P.O. Box # 2014 NE 19th St Suite, Apt. #, etc. App 3 City & State FORT LAUDERDALE FL Zip 33305		3. Mailing Address 2014 NE 19th St Suite, Apt. #, etc. App 3 City & State FORT LAUDERDALE FL Zip 33305		 09032008 Chg-P CR2E034 (12/06)	
4. FEI Number 09032008		Chg-P CR2E034 (12/06)			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent POHL, FRANK H 426 NORTHEAST 13TH AVE FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name DR. HENRY W. ZSCHAU Street Address (P.O. Box Number is Not Acceptable) 2014 NE 19th St App 3 City FORT LAUDERDALE FL Zip Code 33305		
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  DR. HENRY W. ZSCHAU 09/03/2008 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCAK, MEVLUT		NAME	Ocak, Mevlut	
STREET ADDRESS	YENIBOSNA MERKEZ MAH. YIDIRIM BAYAZIT		STREET ADDRESS	2014 NE 19th St App 3	
CITY-ST-ZIP	ISTANBUL- TURKEY,		CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE		<input type="checkbox"/> Delete	TITLE	VP DR. HENRY W. ZSCHAU	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	2014 NE 19th St App 3	
STREET ADDRESS			STREET ADDRESS	FORT LAUDERDALE FL 33305	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	JO8000292251	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	09/05/08--01046--008	
STREET ADDRESS			STREET ADDRESS	**1000.00	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			09/03/2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		