

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000009845

Entity Name: PANDION SYSTEMS, INC.

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

4603 NW 6TH STREET
SUITE A
GAINESVILLE, FL 32609 US

New Principal Place of Business:

Current Mailing Address:

4603 NW 6TH STREET
SUITE A
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 59-3429736 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, CHRISTIAN
8922 NW 14TH LANE
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEWMAN, CHRISTIAN
Address: 8922 NW 14TH LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: EVERITT, DAVID
Address: 10146 SW 52ND RD
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: DENNY, CHRISTINE
Address: 2626 NW 2ND AVE.
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: NEWMAN, JIM
Address: 185 TURKEY CREEK
City-St-Zip: ALACHUA, FL 32615

Title: DTS () Delete
Name: NEWMAN, JODIE
Address: 8922 NW 14TH LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: CHRISTINE, SUTTER
Address: 3655 NW 44TH LANE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: CHRISTIAN NEWMAN

P

04/23/2007

Electronic Signature of Signing Officer or Director

_____ Date