

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000015513

Entity Name: COCON SYSTEMS, INC.

FILED  
Apr 26, 2008  
Secretary of State

**Current Principal Place of Business:**

201 ATP-TOUR BLVD  
#162  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1936  
PONTE VEDRA BEACH, FL 32004

**New Mailing Address:**

141 LAS PALMAS LANE  
PONTE VEDRA BEACH, FL 32082

FEI Number: 59-3437128

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMOLEN, NANCY CPA  
141 LAS PALMAS LANE  
PONTE VEDRA BEACH, FL 32082 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: PST ( ) Delete  
Name: CROMBACH, ULRICH DR.  
Address: IM MITTELWEG 59  
City-St-Zip: 55294 BODENHEIM, GERMANY, GE

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: NANCY SMOLEN

RA

04/26/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date