


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000002390
1. Entity Name
HONDA R&D AMERICAS, INC.



Principal Place of Business
**1200 INDIAN RIVER DRIVE
SEBASTIAN, FL 32958**

Mailing Address
**21001 STATE ROUTE 739
RAYMOND, OH 43067**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-0054861	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IKENO, HIROHIDE 21001 STATE RT. 739 RAYMOND, OH 43067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD TAKAHIRO, HACHIGO 1900 HARPERS WAY TORRANCE, CA 90501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD TAKEUCHI, YOSHIKATSU 21001 STATE RT. 739 RAYMOND, OH 43067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP ALLEN, CHARLES L JR 21001 STATE RT. 739 RAYMOND, OH 43067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KATSUNORI, KAMBE 800 CALIFORNIA STREET MOUNTAIN VIEW, CA 94041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KNIGHT, BENJAMIN 1900 HARPERS WAY TORRANCE, CA 90501

U00000412850
02/10/06-80065-011 158.75

**DO NOT WRITE
IN THIS SPACE**

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: [Signature] 1/31/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #