2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H95605

Entity Name: HONEYWORD, LTD., INC.

DADE CITY, FL 33523

City-St-Zip:

FILED Jun 29, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	IICE-PLACE Y, FL 33523	US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
P.O. BOX 939 SAN ANTONIO, FL 335760939 US			BOX 939 SAN ANTONIO, FL 335	76 US	
FEI Number:	: 59-2648499	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of (Current Registered Agent:	Name and Address of N	New Registered Agent:	
	EMMETT IICE-PLACE Y, FL 33523	US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered o	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
		93(2)(b), F.S., the corporation did nage g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	VSTD (COOPER, LEA 34134 A-NICE- DADE CITY, FI	PLACE	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D (ANDERSON, J 1815 CRAIG R ARUADA, CO	D	Title: (Name: Address: City-St-Zip:) Change()Addition	
Title: Name: Address: City-St-Zip:	D (EMINETH, GAF 8142 EAST GF SCOTTSDALE	RAY RD	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	CEO (COOPER, EMI 34134 A-NICE-		Title: (Name: Address:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: EMMETT COOPER PRES 06/29/2005