

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000035643			
1. Entity Name HYON KUNG, INC.			
Principal Place of Business 14185 BEACH BLVD SUITE 5 JACKSONVILLE, FL 32250		Mailing Address 14185 BEACH BLVD SUITE 5 JACKSONVILLE, FL 32250	
DO NOT WRITE IN THIS SPACE			
		01232006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3712427	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HYON, KIM 14185 BEACH BLVD SUITE 5 JACKSONVILLE BEACH, FL 32250		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 1100000441668 03/03/06 80045-006 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD HYON, KIM 13874 WHITE HERON PLACE JACKSONVILLE, FL 32224		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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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: 		2/17/06 904-223-9333	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	