

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000061637				Secretary of State		
1. Entity Name HYON CORPORATION						
Principal Place of Business 5586 N.O.B.T ORLANDO, FL 32810		Mailing Address 5586 N.O.B.T ORLANDO, FL 32810				
DO NOT WRITE IN THIS SPACE						
		04282006 No Chg-P CRZE034 (11/05)				
		4. FEI Number 59-3728309		Applied For Not Applicable		
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent PARK, YOUNG S 5586 N.O.B.T ORLANDO, FL 32810		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 re/instating) 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		000001544789 05/11/06-80046-015 150.00		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POS PARK, YOUNG S 1752 BOBTAIL RD MAITLAND, FL 32751					
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						