


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # P01000122434

1. Entity Name
COEYE INC.



Principal Place of Business Mailing Address

2025 WEST NEW HAVEN AVE. 2025 WEST NEW HAVEN AVE.
MELBOURNE FL 32904 MELBOURNE FL 32904



2. Principal Place of Business 3. Mailing Address

2025 West New Haven Ave 2025 West New Haven Ave.

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

West Melbourne, FL West Melbourne, FL

Zip Country Zip Country

32904 Brevard 32904 Brevard

4. FEI Number Applied For

90-0002344 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHEN, JUNGLIN
1755 N. HIGHWAY A1A #601
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent

Name _____

Street Address (P O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	CHEN, JUNGLIN	NAME	
STREET ADDRESS	1755 N. HWY A1A #601	STREET ADDRESS	000000412970
CITY-ST-ZIP	INDIALANTIC FL 32903	CITY-ST-ZIP	02/10/06-80071-002 150.00
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	CHEN, SHUCHING	NAME	
STREET ADDRESS	1755 N. HWY A1A #601	STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL 32903	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	CHEN, YINGTA	NAME	
STREET ADDRESS	1755 N. HWY A1A #601	STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL 32903	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	CHEN, YUNG CHOU	NAME	
STREET ADDRESS	1755 N. HWY A1A #601	STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL 32903	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Shuching Chen 1/28/06 (321) 725-2234