


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2008 08:00 A
Secretary of State

DOCUMENT # P01000122434	
1. Entity Name COEYE INC.	

Principal Place of Business 2025 WEST NEW HAVEN AVE. MELBOURNE FL 32904	Mailing Address 2025 WEST NEW HAVEN AVE. MELBOURNE FL 32904
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 90-0002344	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHEN, JUNGLIN 1755 N. HIGHWAY A1A #601 INDIALANTIC FL 32903
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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 registration requires when registering)


FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHEN, JUNGLIN 1755 N. HWY A1A #601 INDIALANTIC FL 32903	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHEN, SHUCHING 1755 N. HWY A1A #601 INDIALANTIC FL 32903	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHEN, YINGTA 1755 N. HWY A1A #601 INDIALANTIC FL 32903	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHEN, YUNG CHOU 1755 N. HWY A1A #601 INDIALANTIC FL 32903	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHEN, YINGJU 1755 NORTH HWY A1A SUITE 601 INDIALANTIC FL 32903	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000797071 01/29/08-80058-023 150.00	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: Shu Ching Chen  1/22/08 321-725-2234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Yr