## 2005 FOR PROFIT CORPORATION ...

6. Name and Address of Current Registered Agent

SIGNATURE: \_

## **FILED** May 02, 2005 08:00 AN Secretary of State

Fee Required

Daytime Phone #

Applied For Not Applicable

DOCUMENT # P0200 1. Entity Name HYON INVESTMENT, INC.			Še	cretary of Sta
Principal Place of Business 10560 WOODCHASE CIR ORLANDO, FL 32836	Mailing Address PO BOX 692275 ORLANDO, FL 32869			
			04262005 No Chg-P	CR2E034 (10/03)
DO NOT WI	RITE IN THIS SP	ACE	4. FEI Number 51-0428032  5. Certificate of Status Desired	Applied i

KIM, HYUN M DO NOT WRITE 12436 BRAXTED DRIVE ORLANDO, FL 32837 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.	Signature, typod or printed name of registered agent and life	If applicable INOTE Repistered	Agent signatur	to required when reinstaling)	DATE		
FILE NOW!!! FEE IS \$150,00  After May 1, 2005 Fee will be \$550,00  9. Election Campaign Finar Trust Fund Contribution.			\$5.00 May Be Added to Fees	U00000351212			
10. OFFICERS AND DIRECTORS			· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>		
TITLE MAME STREET ADDRESS CITY - ST - ZIP	DPS KIM, HYUN M 10560 WOODCHASE CIRCLE ORLANDO, FL 32826						
TITLE HAME STREET ADDRESS CITY-ST-ZIP							
INTLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
Title Name Street Address City-St-Zip				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-SI-ZIP	, design	· · · · · · · · · · · · · · · · · · ·					
12. I hereby certify that the information supplied with this filing does not qualify 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 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 AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR