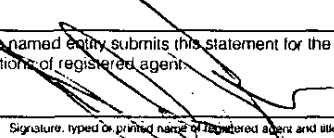
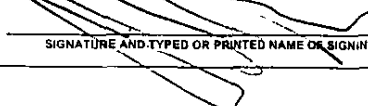


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90110 044 ***150.00

DOCUMENT # P05000049233					
1. Entity Name THE HONEY DOER'S, INC					
Principal Place of Business 7919 NW 62ND WAY PARKLAND, FL 33067			Mailing Address 7919 NW 62ND WAY PARKLAND, FL 33067		
2. Principal Place of Business - No P.O. Box # 321 SW 10th Terrace		3. Mailing Address 321 SW 10th Terrace			
Suite, Apt. #, etc. -		Suite, Apt. #, etc. -			
City & State Hallendale Beach, FL		City & State Hallendale Beach, FL		04102008 Chg-P CR2E034 (12/06)	
Zip 33009		Country USA		4. FEI Number 20-2631632	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent PARKER, JOHN 7919 NW 62ND WAY PARKLAND, FL 33067			7. Name and Address of New Registered Agent Name Parker, John Street Address (P.O. Box Number is Not Acceptable) 321 SW 10th Terrace City Hallendale Beach FL Zip Code 33009		
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  DATE 4/20/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PARKER, JOHN 7919 NW 62ND WAY PARKLAND, FL 33067	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John Parker 321 SW 10th Terrace Hallendale Beach, FL 33009	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARKER, DEBRA 7919 NW 62ND WAY PARKLAND, FL 33067	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: 			Date 4/20/08 Daytime Phone # 9549375765		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					