


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90058 026 ***150.00

DOCUMENT # P98000055563			
1. Entity Name HONEY INC.			
Principal Place of Business 1755 HWY. A1A #601 INDIALANTIC FL 32903		Mailing Address 1755 HWY. A1A #601 INDIALANTIC FL 32903	
2. Principal Place of Business - No P.O. Box # 642-698 N. Wickham Rd.		3. Mailing Address 1755 N. HWY A1A	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #601	
City & State Melbourne, FL		City & State Indialantic, FL	
Zip 32935	Country Brevard	Zip 32903	Country Brevard
6. Name and Address of Current Registered Agent CHEN, JUNG LIN 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 re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P CHEN, JUNG-LIN 1755 N HIGHWAY A1A #601 INDIALANTIC FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHEN, SHU-CHING 1755 N HIGHWAY A1A #601 INDIALANTIC FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 info empowered.

SIGNATURE:  Shu Ching Chen

2/17/07 321-543-2219

Date Daytime Phone #