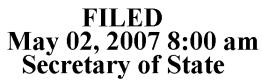
2007 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P94000033774 1. Entity Name B & E HOUCK ENTERPRISES, INC.				05-02-2007 90087 029 ***150.00	
Principal Place of Business Mailing Address				-	
2982 CURTIS KING BLVD Fort Pierce, FL 34946		2982 CURTIS KING BLVD Fort Pierce, FL 34946			JB9(1 872)281 21 JB81
2. Principal Place of Business - No P.O. Box#		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302007 Chg-P CR2E034 (1	2/06)
City & State		City & State		4. FEI Number 65-0454436	Applied For Not Applicable
Zip Country		Zip 	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
HOUCK, ERROL 2982 CURTIS KING BLVD. FORT PIERCE, FL 34946			Name Street Address	Street Address (P.O. Box Number is Not Acceptable)	
		City	FL z	p 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					
FILE NOWI!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOUCK, BARBARA J 2982 CURTIS KING BLVD. FORT PIERCE, FL 34946	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		hange 🗌 Addition
NAME STREET ADDRESS CITY-ST-ZIP	STD HOUCK, ERROL '2982 CURTIS KING BLVD. FORT PIERCE, FL 34946	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		hange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOUCK, ADAM 2982 CURTIS KING BLVD FORT PIERCE, FL 34946	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		hange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP		hange 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		hange 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		hange
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 companion of the compan					