


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90227 031 ***150.00

DOCUMENT # 648589	
1. Entity Name HOUK PROPERTIES, INC.	

Principal Place of Business 139 S OVERLOOK DR P.O. BOX 368 CHULUOTA FL 32766	Mailing Address PO BOX 368 CHULUOTA FL 32766
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50003194

1st MOORE CR2E034 (10/05)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address PLEASE CHANGE MAILING ADDRESS TO 1469 PATRIOT DR. MELBOURNE, FL 32940
City & State	City & State MELBOURNE, FL 32940
Zip	Country

4. FEI Number 59-1952613	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent HOUK, CHARLES W 133 S OVERLOOK DRIVE CHULUOTA FL 32766	
PLEASE CHANGE MAILING ADDRESS TO 1469 PATRIOT DR. MELBOURNE, FL 32940	

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	PLEASE CHANGE MAILING ADDRESS TO
City	1469 PATRIOT DR. MELBOURNE, FL 32940
State	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 _____ DATE _____
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, 2006 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
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME HOUK, CHARLES W	
STREET ADDRESS 133 S OVERLOOK DRIVE	
CITY-ST-ZIP CHULUOTA, FL 00000	
TITLE S	<input type="checkbox"/> Delete
NAME HOUK, TILLIE S	
STREET ADDRESS 133 S OVERLOOK DRIVE	
CITY-ST-ZIP CHULUOTA, FL 00000	
TITLE PLEASE CHANGE MAILING ADDRESS TO	<input type="checkbox"/> Delete
NAME 1469 PATRIOT DR.	
STREET ADDRESS MELBOURNE, FL 32940	
CITY-ST-ZIP MELBOURNE, FL 32940	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Charles W Houk **3-7-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #