

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# H01282

Entity Name: HOWELL INTERIORS, INC.

FILED
Jun 28, 2005
Secretary of State

Current Principal Place of Business:

C/O RUBY A. HOWELL
160 PEACHTREE ST.
COCOA, FL 32922 US

Current Mailing Address:

C/O RUBY A. HOWELL
160 PEACHTREE ST.
COCOA, FL 32922 US

New Principal Place of Business:

C/O TERESA L. ANDERSON
160 PEACHTREE ST.
COCOA, FL 32922 US

New Mailing Address:

C/O TERESA L. ANDERSON
160 PEACHTREE ST.
COCOA, FL 32922 US

FEI Number: 59-2405451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWELL, RUBY A.
160 PEACHTREE SREET
COCOA, FL 32922 US

Name and Address of New Registered Agent:

ANDERSON, TERESA L
160 PEACHTREE SREET
COCOA, FL 32922 US

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.

SIGNATURE: TERESA L. ANDERSON

06/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOWELL, RUBY A.,
Address: 1715 HUBBARD DR
City-St-Zip: ROCKLEDGE, FL 329555 US

Title: DS () Delete
Name: HOWELL, MARY N.,
Address: 1715 HUBBARD DR
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: VP () Delete
Name: ANDERSON, TERESA L
Address: 1535 E. CROCKED LAKE DR.
City-St-Zip: EUSTIS, FL 32726 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ANDERSON, TERESA L
Address: 1535 EAST CROCKED LAKE DRIVE
City-St-Zip: EUSTIS, FL 32726 US

Title: S (X) Change () Addition
Name: LANE, ALLISON
Address: 2520 SPRING HARBOR CIRCLE, APT. #12
City-St-Zip: MOUNT DORA, FL 32757 US

Title: VPD (X) Change () Addition
Name: ANDERSON, ROBERT G
Address: 1535 EAST CROCKED LAKE DRIVE
City-St-Zip: EUSTIS, FL 32726 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA L. ANDERSON

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06/28/2005

Electronic Signature of Signing Officer or Director

Date