

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90192 046 ***150.00

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04162008 Chg-P CR2E034 (12/06)

DOCUMENT # H42350 1. Entity Name HOWARD DEVELOPMENT, INC.			
Principal Place of Business % HENRY BLEIER 2699 STIRLING RD., #C-307 FT. LAUDERDALE, FL 33312		Mailing Address % HENRY BLEIER 2699 STIRLING RD., #C-307 FT. LAUDERDALE, FL 33312	
2. Principal Place of Business - No P.O. Box # % Henry Bleier Suite, Apt. #, etc. 1776 N. Pine Island Rd #118 City & State Plantation FL Zip 33322		3. Mailing Address % Henry Bleier Suite, Apt. #, etc. 1776 N. Pine Island Rd #118 City & State Plantation FL Zip 33322	
4. FEI Number 59-2530002		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLEIER, HENRY 2699 STIRLING RD. SUITE C-307 FT. LAUDERDALE, FL 33312		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 1776 N. PINE ISLAND ROAD Suite SUITE 118 City PLANTATION	
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.		Zip Code FL 33322	
SIGNATURE _____ (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. <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	PSD ORFUS, HOWARD 1020 LAWRENCE AVE., W., #301 TORONTO, ONTARIO, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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 fee empowered.			
SIGNATURE:		Date: 42808 Daytime Phone #: 727-725-2800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Elliott Ross, Agent			