2005 FOR PROFIT CORPORATION

Feb 28, 2005 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # M91666 02-28-2005 90203 023 ***150.00 1. Entity Name HOWARD PROPERTIES, INC. Principal Place of Business Mailing Address % RICHARD R. HOWARD, SR. % RICHARD R. HOWARD, SR. 1732 U.S. 27 NORTH #A AVON PARK, FL 33825 1732 U.S. 27 NORTH #A AVON PARK, FL 33825 3. Mailing Address 596 US 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02212005 CR2E034 (10/03) City & State 4. FEI Number Applied For -Von 59-2905333 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) Howare HOWARD, RICHARD B., SR. 1732 U.S. 27 NORTH SUITE A AVON PARK, FL 33825 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FiLE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **□** Change PTSD ichard Ray Adward Se ☐ Defete TITLE Addition TITS F HOWARD, RICHARD R., SR NAME NAME 1732 U.S. 27 NORTH #A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVON PARK, FL ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7/P ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify 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 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.