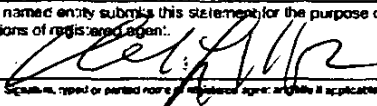
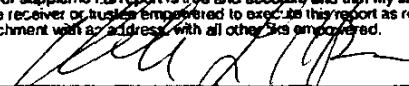


FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90028 016 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000061516		
1. Entity Name HOWE PROPERTIES, INC.		
Principal Place of Business 11555 VOLUSIA N LONGWOOD, FL 32750		Mailing Address 11555 VOLUSIA N LONGWOOD, FL 32750
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HOWE, CHRISTOPHER L 1535 FERN HOLLOW DR DELAND, FL 32720		DO NOT WRITE IN THIS SPACE
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, or both if applicable.		DATE: _____ (NOTE: Registered Agent's signature required when reappointing)
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P HOWE, CHRISTOPHER 1535 FERN HOLLOW DR. DELAND, FL 32720	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP HOWE, RICHARD 1765 STONE RD DELAND, FL 32720	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T HOWE, SHIRLEY 1765 STONE RD DELAND, FL 32720	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE 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 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 persons empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4-28-07 Day's Phone #