2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# P00000071845

Entity Name: HOWES VEGETATION MANAGEMENT INC.

Current Principal Place of Business:

4689 SINES LANE
PORT CHARLOTTE, FL 33981

New Principal Place of Business:

8702 WESTWARD DRIVE
NORTH PORT, FL 34286

Current Mailing Address:

4689 SINES LANE
PORT CHARLOTTE, FL 33981

New Mailing Address:

8702 WESTWARD DRIVE
NORTH PORT, FL 34286

FEI Number: 65-1035213 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWES, MILISSA J
4689 SINES LANE
PORT CHARLOTTE, FL 33981 US

Name and Address of New Registered Agent:

HOWES, MILISSA J
8702 WESTWARD DRIVE
NORTH PORT, FL 34286 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: MILISSA J. HOWES 04/27/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HOWES, ERIC S
Address: 4689 SINES LANE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: D ( ) Delete
Name: HOWES, MILISSA J
Address: 4689 SINES LANE
City-St-Zip: PORT CHARLOTTE, FL 33981

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HOWES, ERIC S
Address: 8702 WESTWARD DRIVE
City-St-Zip: NORTH PORT, FL 34286

Title: D (X) Change ( ) Addition
Name: HOWES, MILISSA J
Address: 8702 WESTWARD DRIVE
City-St-Zip: NORTH PORT, FL 34286

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MILISSA J. HOWES D 04/27/2006
Electronic Signature of Signing Officer or Director Date