


FILED
Mar 02, 2007 8:00 am
Secretary of State

DOCUMENT # P02000105573

1. Entity Name
HOUSTON LOCOMOTIVE GROUP, INC.



Principal Place of Business	Mailing Address
635 NE MUSKRAT RUN PORT ST LUCIE, FL 34983	635 NE MUSKRAT RUN PORT ST LUCIE, FL 34983

2. Principal Place of Business - No P.O. Box # 1185 Buckhead Drive SW Suite, Apt. #, etc.	3. Mailing Address 1185 Buckhead Drive SW Suite, Apt. #, etc.
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City & State Vero Beach, FL	City & State Vero Beach, FL
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Zip 32968-5087	Country	Zip 32968-5027	Country
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02082007 Chg-P CR2E034 (12/06)

4. FEI Number 54-2080039	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent			
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LEES, MARK E
635 NE MUSKRAT RUN
PORT ST LUCIE, FL 34983

7. Name and Address of New Registered Agent	
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Name	
Street Address (P.O. Box Number is Not Acceptable) 1185 Buckhead Drive SW	
City	Zip Code
Vero Beach	32968-5027

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 _____

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	D	<input type="checkbox"/> Delete
NAME	LEES, MARK E	
STREET ADDRESS	635 NE MUSKRAT RUN	
CITY - ST - ZIP	PORT SAINT LUCIE FL 34983	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	 Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Lees, Mark E		
STREET ADDRESS	1185 Buckhead Drive SW		
CITY - ST - ZIP	Vero Beach, FL 32968-5027		

TITLE _____ ☐ Change ☐ Addition
 NAME _____
 STREET ADDRESS _____
 CITY - ST - ZIP _____

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.

SIGNATURE: LEO 2/27/07 772 579-0646