## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000098355

Entity Name: HOW 2 INFORMATION, INC.

FILED Apr 30, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8983 OKEECHOBEE BLVD 2494 SAILFISH COVE DR

STE. 145 STE. 100 W PALM BEACH, FL 33411 W PALM BEACH, FL 33411

Current Mailing Address: New Mailing Address:

8983 OKEECHOBEE BLVD 2494 SAILFISH COVE DR STE. 145 STE. 100

W PALM BEACH, FL 33411 W PALM BEACH, FL 33411

FEI Number: 32-0143816 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PAUKERT, ARLENE
8983 OKEECHOBEE BLVD
2494 SAILFISH COVE DR

STE. 145
W DALM BEACH EL 33/11 LIS
W DALM BEACH EL

W PALM BEACH, FL 33411 US W PALM BEACH, FL 33411 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: ARLENE PAUKERT 04/30/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: [

Name: PAUKERT, ARLENE S Address: 2494 SAILFISH COVE DR City-St-Zip: W PALM BEACH, FL 33411

Title: F

Name: PAUKERT, ARLENE S
Address: 2494 SAILFISH COVE DR
City-St-Zip: W PALM BEACH, FL 33411

Title: S

Name: PAUKERT, ARLENE S Address: 2494 SAILFISH COVE DR City-St-Zip: W PALM BEACH, FL 33411

Title:

Name: PAUKERT, ARLENE S Address: 2494 SAILFISH COVE DR City-St-Zip: W PALM BEACH, FL 33411

I hereby 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 all other like empowered.

SIGNATURE: ARLENE PAUKERT P 04/30/2012