2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P04000109240

Entity Name: HOWIEDOIT PRODUCTIONS, INC.

Current Principal Place of Business:

4690 LIPSCOMB ST. NE, SUITE #5
PALM BAY, FL 32905

New Principal Place of Business:

2582 S. MAGUIRE RD.
#104
OCOEE, FL 34761

Current Mailing Address:

4690 LIPSCOMB ST. NE, SUITE #5
PALM BAY, FL 32905

New Mailing Address:

2582 S. MAGUIRE RD.
#104
OCOEE, FL 34761

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERRING, ANGELIA M
4690 LIPSCOMB ST. NE, SUITE #5
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DOROUGH, JOHN D
Address: PO BOX 110176
City-St-Zip: PALM BAY, FL 32911

Title: VP ( ) Delete
Name: DOROUGH, HOWARD D
Address: PO BOX 110176
City-St-Zip: PALM BAY, FL 32911

Title: T/D ( ) Delete
Name: COX, DALE L
Address: 4690 LIPSCOMB ST. NE, SUITE #5
City-St-Zip: PALM BAY, FL 32905

Title: S ( ) Delete
Name: HERRING, ANGELIA M
Address: 4690 LIPSCOMB ST. NE, SUITE #5
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DOROUGH, JOHN D
Address: 2582 S. MAGUIRE RD., #104
City-St-Zip: OCOEE, FL 34761

Title: VP (X) Change ( ) Addition
Name: DOROUGH, HOWARD D
Address: 2582 S. MAGUIRE RD., #104
City-St-Zip: OCOEE, FL 34761

Title: T/D (X) Change ( ) Addition
Name: COX, DALE L
Address: 2582 S. MAGUIRE RD., #104
City-St-Zip: OCOEE, FL 34761

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN D. DOROUGH P 04/29/2005
Electronic Signature of Signing Officer or Director Date