2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# P05000002184

Entity Name: HOULLIS' ISLAND HOUSE, INC.

Current Principal Place of Business:

300 S FLORIDA AVE - # 500A
TARPON SPRINGS, FL 34689

New Principal Place of Business:

1723 AVOCA DRIVE
TARPON SPRINGS, FL 34689

Current Mailing Address:

300 S FLORIDA AVE - # 500A
TARPON SPRINGS, FL 34689

New Mailing Address:

1723 AVOCA DRIVE
TARPON SPRINGS, FL 34689

FEI Number: 20-2154015 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOULLIS, MICHAEL M
300 S FLORIDA AVE - # 500A
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

HOULLIS, MICHAEL M
1723 AVOCA DRIVE
TARPON SPRINGS, FL 34689 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: BARRY M. LACHANCE 04/29/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HOULLIS, MICHAEL M
Address: 300 S FLORIDA AVE - # 500A
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP ( ) Delete
Name: SALLS, DARWIN A JR
Address: 300 S FLORIDA AVE - # 500A
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP ( ) Delete
Name: LACHANCE, MADELYNE A
Address: 1005 CONNECTICUT RD
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HOULLIS, MICHAEL M
Address: 1723 AVOCA DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP (X) Change ( ) Addition
Name: SALLS, DARWIN A JR
Address: 1723 AVOCA DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

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

I hereby certify that the information supplied with this filing does not qualify 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: BARRY M LACHANCE CFO 04/29/2007
Electronic Signature of Signing Officer or Director Date