

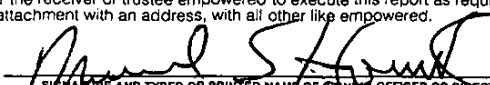


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90230 009 \*\*\*150.00

DOCUMENT # P05000042536					
1. Entity Name <b>MIKE HOWLETT, INC.</b>					
Principal Place of Business <del>10145 VANCOVER RD.</del> <del>SPRING HILL, FL 34608</del>			Mailing Address <del>10145 VANCOVER RD.</del> <del>SPRING HILL, FL 34608</del>		
2. Principal Place of Business - No P.O. Box # <b>14433 Lancer Rd.</b>		3. Mailing Address <b>14433 Lancer Rd.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03292008    Chg-P    CR2E034 (12/06)	
City & State <b>SPRING HILL, FL</b>		City & State <b>SPRING HILL, FL</b>		4. FEI Number <b>20-2596978</b>	
Zip <b>34610</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent			
7. Name and Address of New Registered Agent		Name <b>HOWLETT, MIKE</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>14433 Lancer Rd.</b>		City <b>FL 34610</b>			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOWLETT, MIKE <del>10145 VANCOVER RD.</del> <del>SPRING HILL, FL 34608</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14433 Lancer Rd.</b> <b>34610.</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			4-22-08 727-457-9705		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		