2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P95000035067

1. Entity Name
HOWELL TECHNOLOGY CORPORATION



FILED Apr 20, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

ORMOND BE	N SHORE BLVD. STE 508 EACH, FL 32176	P.O. BOX 336 ORMOND BEACH, FL 32175	US		
DO NOT WRITE IN THIS SPAC				04162006 No Chg-P CR2E034 (11/05)	
			CE	4. FEI Number 65-0579345	Applied For
			,	5. Certificate of Status Desir	Ped See Required
	5. Name and Address of Curre	nt Registered Agent		erene eko energia yaran	
3180 OCE	Y, GARY H IAN SHORE BLVD. STE 508 BEACH, FL 32176			DO NOT	
the obligati	named entity submits this statement lions of registered agent.	for the purpose of changing its registe	red office or register	ed agent, or both, in the State of	of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agr	ont and title it applicable. (NOTE Register	red Agent signature required	when reinstating)	DATE
After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550		ancing \$5.	.00 May Be ed to Fees	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
10.	OFFICERS AN	ID DIRECTORS			
title Name Street address City-St-Zip	GREGORY, GARY H 3180 OCEAN SHORE BOULE' ORMOND BEACH, FL 32176	VARD SUITE 508		o alama a sa Seringga	
TITLE NAME Street address City-St-Zip					00000519222 2/06-80044-016 150.00
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tifle Name Street address City-St-Zip				IN THIS S	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

indicated of utilis report or supplemental report is true and accurate and mat my signature shall have the same legal effect as it 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR