

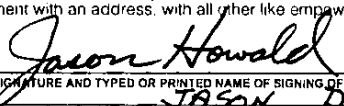


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000081635			
1. Entity Name A JASON HOWALD, INC.			
Principal Place of Business 8743 56TH WAY NORTH PINELLAS PARK, FL 33782 US		Mailing Address 8743 56TH WAY NORTH PINELLAS PARK, FL 33782 US	
DO NOT WRITE IN THIS SPACE			
		 01222007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3341338	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOWALD, JASON D 8743 56TH WAY NORTH PINELLAS PARK, FL 33782			DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and if not applicable (NOTE: Registered Agent signature required when resigning) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PD		
NAME	HOWALD, JASON D		
STREET ADDRESS	8743 56TH WAY NORTH		
CITY-ST-ZIP	PINELLAS PARK, FL 33782		
TITLE	S		
NAME	TREMBLAY, ROBERT		
STREET ADDRESS	8743 56TH WAY N.		
CITY-ST-ZIP	PINELLAS PARK, FL 33782		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		Pres. 1/24/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JASON D. HOWALD		Date	Daytime Phone #