2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Aug 04. 2006 08:00 Al ite

ANITORA ILLI OILI								, ut, 201		
DOCUI 1. Entity Name HOWELL	е	# P95000081 ELL, INC.	928	1				Secretar	y o	f Sta
Principal Place	e of Business	3	Mailing Address		•					
21195 BOCA			P.O. BOX 53							
BOCA RATON, FL 33433 US			BOCA RATON, FL 33429 US							
							- 18181 BANK BERK BEKK AGA	11 4914: 1418: 1116 1816	(20) (6)(88	
2. Principal Place of Business			3. Mailing Address			-				
								II OR:31 10181 (18:4 18:4 1	1991 (9)108	1 11 1083
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07202006	Chg-P	CR2E034 (11	/05)	
City & State			City & State			4. FEI Numb 65-063		-		ed For Applicable
Zip	Zip Country		Zip ' Count		itry	5. Certificate of Status Desired S8.75 Additional Fee Required				onal
6. Name and Address of Current						7. Name and Address of New Registered Agent				
					Name					
HOWELL, JAMES O 120 W GLADES RD				Street Address	treet Address (P.O. Box Number is Not Acceptable)					
P O BOX 53										
BOCA RATON, FL 33429					City			₽ ∎ Zir	Code	
					['			FL		
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										
Signature, typed or printed name of registered agent and title if appricable (NOTE: Registered Agent signature required when reinstating) DATE										
		t-FEE IS \$550.00 otember 6, 2006	9. Election Campa Trust Fund Con		5.00 May Be ded to Fees				[
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND DIREC	TORS II	N 11
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NAME		, JAMES O		NAM	-		HOOOO	0573338		
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STREET ADDRESS] ,		To the transfer		EET ADDRESS					;
CITY-ST-ZIP			h ship filing door not need to			nd in Charter 11	9 Florida Statutas	I further certify the	t the info	rmation
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: 17/h 07/31/06 56/)2/2-57/3										
SIGNATURE: SIGNATURE AND APPER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date										