


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90048 050 \*\*\*150.00

DOCUMENT # P95000081928		
1. Entity Name HOWELL & HOWELL, INC.		

Principal Place of Business 21195 BOCA RIO ROAD BOCA RATON FL 33433 US	Mailing Address <del>P.O. BOX 53</del> BOCA RATON FL 33429 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 14161 CALOOSA BLVD
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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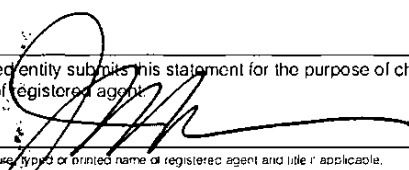
City & State	City & State PALM BEACH GARDENS, FL
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Zip	Country	Zip	Country
33418-8633		33418-8633	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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HOWELL, JAMES O 120 W GLADES RD P.O. BOX 53 BOCA RATON FL 33429	Name JAMES O. HOWELL
	Street Address (P.O. Box Number is Not Acceptable) 14161 CALOOSA BLVD
	City & State PALM BEACH GARDENS FL
	Zip Code 33418

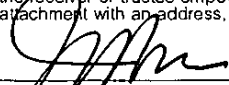
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 01/27/07  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD HOWELL, JAMES O 120 W. GLADES ROAD BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD JAMES O. HOWELL 14161 CALOOSA BLVD PALM BEACH GARDENS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	33418-8633 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 Section 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:  01/27/07 311630-5928