


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 A
Secretary of State

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| DOCUMENT # P97000057445 1. Entity Name HOWARD'S HAVEN, INC. |  |
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| Principal Place of Business 31535 AVE C BIG PINE KEY, FL 33043 | Mailing Address PO BOX 271 BIG PINE KEY, FL 33043-0271 |
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DO NOT WRITE IN THIS SPACE



02272007 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 65-0833321 | 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

ACKISS, LUKE
 31553 AVE C
 BIG PINE KEY, FL 33043

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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| 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 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ACKISS, LUKE 31535 AVE C BIG PINE KEY, FL 33043 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ACKISS, LYNN 31535 AVE C BIG PINE KEY, FL 33043 |
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U00000762243
 05/25/07-80087-025 150.00

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: Lynn Ackiss Lynn Ackiss VD 4/24/07 305 849 0997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #