


FILED
Apr 13, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P98000045660

1. Entity Name
HOWA CONSULTING, INC.



Principal Place of Business Mailing Address

**4753 ESTERO BLVD
 APT 601B
 FORT MYERS BEACH, FL 33931**

**BAHNSTRASSE 17
 FRIEDRICHSDORF, GERMANY, 61381**

DO NOT WRITE IN THIS SPACE



04032004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0871165	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

**HOLLMAN, OTMAR
 4753 ESTERO BLVD
 APT 601B
 FORT MYERS BEACH, FL 33931**

**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: *O. Hollman*

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000111723
 04/13/04-80031-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLLMANN, OTMAR BAHNSTRASSE 17A, 61381 FRIEDRICHSDORF GERMANY,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALDE, HEINRICH IM DAMMWALD 8 B, 61381 FRIEDRICHSDORF GERMANY,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLLMANN, DORIS BAHNSTRASSE 17 A, 61381 FRIEDRICHSDORF GERMANY,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLLMANN, SONJA EICHACKERSTRASSE 11, 61381 FRIEDRICHSDORF GERMANY,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *O. Hollman* 04/06/04 239-463-7836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #