*2008 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Mar 12, 2008 08:00 A DOCUMENT # P98000102862 Secretary of State 1. Entity Name STEVE HOVELAND ENTERPRISES, INC. Principal Place of Business Mailing Address 465 NW 18TH ST. 465 NW 18TH ST. HOMESTEAD, FL 33030 HOMESTEAD, FL 33030 No Chg-P CR2E034 (11/05) 02282008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0880882 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DOROTHY B. ZAHARAKO, CPA 8604 TOMPSON PT PL ST. LUCIE WEST, FL 34986 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, typed or printed name of registered agent and liftle if applicable DATE (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Unnooo855413 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 03/27/08-80046-025 150.00 OFFICERS AND DIRECTORS 10. TITLE HOVELAND, STEVEN D NAME STREET ADDRESS 465 NW 18TH ST CITY-ST-ZIP HOMESTEAD, FL 33030 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 truetee 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 Alcother like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-2008

905-345-111 Daylime Phone #