
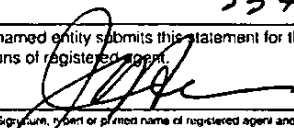
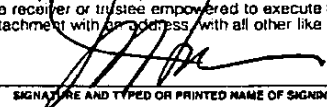


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 8:00 am
Secretary of State

02-17-2006 90071 039 ***150.00

DOCUMENT # P98000108389 1. Entity Name HOWELLGATE CORP.					
Principal Place of Business 21195 BOCA RIO ROAD BOCA RATON FL 33433			Mailing Address P.O. BOX 1300 BOCA RATON FL 33429-1300		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0896879	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HOWELL, J.O. 126 W. GRADES RD BOCA RATON FL 33433				7. Name and Address of New Registered Agent J.O. HOWELL 21195 BOCA RIO RD BOCA RATON, FL 33429-1300	
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: 01/26/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PDS <input type="checkbox"/> Delete NAME: HOWELL, JAMES STREET ADDRESS: 126 W. GRADES RD CITY-ST-ZIP: BOCA RATON FL 33433				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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: 				Date: 01/26/06 Daytime Phone #: 561/392-2487	



ATTACHMENT
66604414

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2006

HOWELLGATE CORP.
P.O. BOX 1300
BOCA RATON, FL 33429-1300

Subject: **HOWELLGATE CORP.**

Reference Number: **P98000108389**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/al

ANNUAL REPORTS SECTION