2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 28, 2008 08:00 AM Secretary of State **DOCUMENT # P99000103162** M.W. HOUCK ENTERPRISES, INC. Principal Place of Business Mailing Address 8473 159TH CT N 8473 159TH CT N PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418 04262008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0972826 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent (Same) HOUCK, MICHAEL DO NOT WRITE 8473 159TH CT N PALM BEACH GARDENS, FL 33418 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. (JAME SIGNATURE Michael Houck - how Xlouck Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PVTS** TITLE HOUCK, MICHAEL NAME STREET ADDRESS 8473 159TH CT N CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 TITLE NAME U00000929272 05/21/08-80061-018 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP