


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90047 047 ***150.00

DOCUMENT # F04000001894					
1. Entity Name HMI INC. OF MASSACHUSETTS					
Principal Place of Business 55 PROVIDENCE HIGHWAY NORWOOD, MA 02062			Mailing Address 55 PROVIDENCE HIGHWAY NORWOOD, MA 02062		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04-3252901	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ZIELIMSKI, LARRY N 1345 MARJOHN AVE CLEARWATER, FL 33756			Name: <u>ZIELIMSKI, LARRY N</u> Street Address (P.O. Box Number is Not Acceptable): <u>1345 MARJOHN AVE</u> City: <u>CLEARWATER</u> FL Zip Code: <u>33756</u>		
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: <u>Kenneth J. Ferreira</u> <u>Kenneth J. Ferreira</u> <u>Treasurer</u> <u>1/05/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			10. FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERREIRA, PAUL V 342 CARTWRIGHT RD WELLESLEY, MA 02482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNALD R. SOHN 1025 Hale ST BEVERLY FARMS, MA 01915 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONROE, WILLIAM C P.O. BOX 6212 LINCOLN, MA 017736212 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERREIRA, KENNETH J 46 MISTY COVE HILTON HEAD ISLAND, NC 29928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James McGraw 244 BATTLE ST CAMBRIDGE, MA 02138 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRY, JOSEPH F 78 KENDRICK RD E HARWICH, MA 02645 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUETT, KAREN D 110 MOSLE RD FAR HILLS, NJ 07931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D E. B. Wilson 1114 OAKLENS RD CHATHAM PORT, MA 02650 <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPPER, MAX D 9 ROBLEDO DR DALLAS, TX 75230 <input checked="" type="checkbox"/> Delete
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: <u>Kenneth J. Ferreira</u> <u>Kenneth J. Ferreira</u> <u>Treasurer</u> <u>1/05/05</u> <u>781-680-0207</u> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>					