
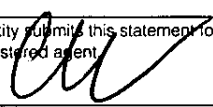
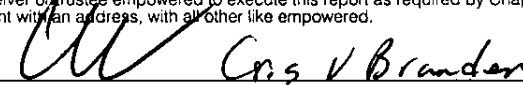


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90192 028 ***150.00

DOCUMENT # H83455					
1. Entity Name HPBM, INC.					
Principal Place of Business 450 LAS OLAS BLVD STE 1500 FT. LAUDERDALE, FL 33301			Mailing Address 450 LAS OLAS BLVD STE 1500 FT. LAUDERDALE, FL 33301		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01072008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 36-3393673	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVENUE, 28TH FLOOR MIAMI, FL 33131			Service U.S.A., Inc 450 E. Las Olas Blvd. Suite 1500 Ft. Lauderdale, FL 33301		
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: 		Cris V Brandon, VP		4/16/08	
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, 2008 Fee will be \$550.00		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	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MUEHLSTEIN, JOHN H.		NAME		
STREET ADDRESS	161 N. CLARK ST., STE. 3100		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEDERSEN, PEER		NAME		
STREET ADDRESS	161 NORTH CLARK ST., STE. 3100		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUNTROCK, DEAN		NAME		
STREET ADDRESS	ONE TOWER LANE STE 2242		STREET ADDRESS		
CITY-ST-ZIP	OAK BROOK, IL 601814636		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUIZENGA, H. WAYNE JR.		NAME		
STREET ADDRESS	450 E LAS OLAS BLVD., STE. 1500		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP, AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDLEY, RICHARD L		NAME		
STREET ADDRESS	450 E. LAS OLAS BLVD., #1500		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	VP/T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRANDEN, CRIS		NAME		
STREET ADDRESS	450 E. LAS OLAS BLVD., #1500		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		CITY-ST-ZIP		
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Cris V Brandon		4/16/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	