## -2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 24, 2006 08:00 AN Secretary of State

DOCUMENT # P02000098963  1. Entity Name HBLM REAL ESTATE, INC.				Secretary of State			
Principal Place 111 WEST MA STE 1000 LONGWOOD,	agnolia ave	Mailing Address 111 WEST MAGNOLIA AVE STE 1000 LONGWOOD, FL 32750	:				
DO NOT WRITE IN THIS SPACE				04142006 No Chg-P CR2E034 (11/05)  4. FEI Number			
6. Name and Address of Current Registered Agent HAMLIN, PAUL 111 WEST MAGNOLIA AVE STE 1000 LONGWOOD, FL 32750			DO NOT WRITE 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  Signature, typed or printed name of registered agent and title if applicable  (NOTE: Registered Agent signature required when refinating)  DATE							
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financi Trust Fund Contribution.				.00 May Be led to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMLIN, PAUL 111 WEST MAGNOLIA STE 1000 LONGWOOD, FL 32750	RECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000 05/05/06-	1528696 80047-011	150.00
NAME STREET ADDRESS CITY-ST-ZIP				-	NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SI	PACE	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	-						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	t' • · · · · · · · · · · · · · · · · · ·	e Anno no शिक्षक स्टब्स् Turker (Turker)					

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06

407-332-002

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