


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

07-10-2006 90027 002 \*\*\*150.00

**DOCUMENT # P05000144946**

1. Entity Name  
 HMVH LIGHTWORKS, INC.



Principal Place of Business      Mailing Address  
 1256 QUEENS ISLAND CT      1256 QUEENS ISLAND CT  
 JACKSONVILLE, FL 32225 US      JACKSONVILLE, FL 32225 US

00022043



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

07062006      Chg-P      CR2E034 (11/05)

4. FEI Number: **86-1150457**      Applied For  
 Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HUMPHREYS, HELEN  
 1256 QUEENS ISLAND CT  
 JACKSONVILLE, FL 32225

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMPHREYS, HELEN 1256 QUEENS ISLAND CT JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMPHREYS, MARK 1256 QUEENS ISLAND CT JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 exemption.

SIGNATURE: Mark D. Humphreys      **MARK D. HUMPHREYS**      07/04/06      (904) 742-6340  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #