

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90014 006 \*\*\*150.00

40055441



03072007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # F00000000920</b> 1. Entity Name <b>HMT HOLDINGS INC.</b>					
Principal Place of Business <b>23832 TOMBALL PARKWAY TOMBALL, TX 77375</b>			Mailing Address <b>23832 TOMBALL PARKWAY TOMBALL, TX 77375</b>		
2. Principal Place of Business - No P.O. Box # <b>2002 TIMBERLOCH PL</b> Suite, Apt. #, etc. <b>SUITE 550</b> City & State <b>THE WOODLANDS, TX</b> Zip <b>77380</b>		3. Mailing Address <b>2002 TIMBERLOCH PL</b> Suite, Apt. #, etc. <b>SUITE 550</b> City & State <b>THE WOODLANDS, TX</b> Zip <b>77380</b>		4. FEI Number <b>52-2207348</b>	
Country <b>U.S.A</b>		Country <b>U.S.A</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD JONES, MILLARD H JR 23832 TOMBELL PKWY TOMBALL, TX 77375</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SPANCE, SCOTT D 23832 TOMBELL PKWY TOMBALL, TX 77375</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO KNIGIN, MICHAEL J 23832 TOMBALL PARKWAY TOMBALL, TX 77375</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V STAPLETON, WILLIAM E 23832 TOMBALL PKWY TOMBALL, TX 77375</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S JOHNSTON, SAM E 23832 TOMBELL PKWY TOMBALL, TX 77375</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MATTHEWS, RICHARD 23832 TOMBALL PARKWAY TOMBALL, TX 77375</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD JONES, MILLARD H JR 2002 TIMBERLOCH PL, SUITE 550 THE WOODLANDS, TX 77380</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SPENCE, SCOTT D 2002 TIMBERLOCH PL, SUITE 550 THE WOODLANDS, TX 77380</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO KNIGIN, MICHAEL J 2002 TIMBERLOCH PL, SUITE 550 THE WOODLANDS, TX 77380</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V STAPLETON, WILLIAM E 2002 TIMBERLOCH PL, SUITE 550 THE WOODLANDS, TX 77380</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BUCIO, JANIE M 2002 TIMBERLOCH PL, SUITE 550 THE WOODLANDS, TX 77380</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MATTHEWS, RICHARD 2002 TIMBERLOCH PL, SUITE 550 THE WOODLANDS, TX 77380</b>	<input checked="" 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 lines empowered.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>3/23/07</b> <b>281-681-7032</b> Date Daytime Phone #			