
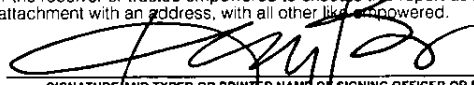


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-10-2007 90014 005 \*\*\*150.00

<b>DOCUMENT # F03000003826</b>					
1. Entity Name HMT TANK SERVICE INC.					
Principal Place of Business 9800 WALDEN RD BEAUMONT, TX 77707			Mailing Address 23832 TOMBALL PARKWAY TOMBALL, TX 77375		
2. Principal Place of Business - No P.O. Box # 2002 TIMBERLOCH PL		3. Mailing Address 2002 TIMBERLOCH PL			
Suite, Apt. #, etc. Suite 550		Suite, Apt. #, etc. Suite 550			
City & State THE WOODLANDS, TX		City & State THE WOODLANDS, TX			
Zip 77380	Country U.S.A	Zip 77380	Country U.S.A	4. FEI Number 52-2207350	
				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	P SPENCE, SCOTT D 23832 TOMBALL PARKWAY TOMBALL, TX 77375	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPENCE, SCOTT D 2002 TIMBERLOCH PL, SUITE 550 THE WOODLANDS, TX 77380	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUCIO, JANIE M 23832 TOMBALL PARKWAY TOMBALL, TX 77375	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUCIO, JANIE M 2002 TIMBERLOCH PL, SUITE 550 THE WOODLANDS, TX 77380	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KLINE, GARY W 23832 TOMBALL PARKWAY TOMBALL, TX 77375	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KLINE, GARY W 2002 TIMBERLOCH PL, SUITE 550 THE WOODLANDS, TX 77380	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JOHNSTON, SAM E 23832 TOMBALL PARKWAY TOMBALL, TX 77375	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BUCIO, JANIE M 2002 TIMBERLOCH PL, SUITE 550 THE WOODLANDS, TX 77380	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GRIFFIN, LINDA 23832 TOMBALL PARKWAY TOMBALL, TX 77375	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GRIFFIN, LINDA 2002 TIMBERLOCH PL, SUITE 550 THE WOODLANDS, TX 77380	<input checked="" 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	CFO KNIGIN, MICHAEL J 2002 TIMBERLOCH PL, SUITE 550 THE WOODLANDS, TX 77380	<input type="checkbox"/> Change <input checked="" 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 empowered.					
SIGNATURE: 			3/23/07 281-681-7032		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		