
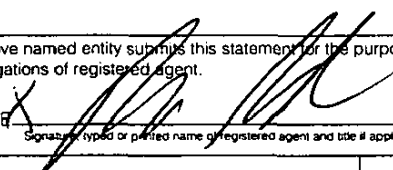
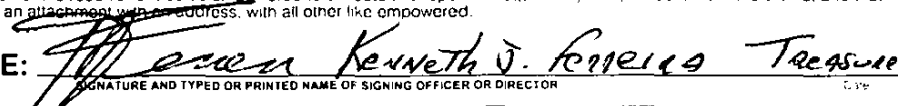


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90003 040 ***150.00

DOCUMENT # F04000001894 1. Entity Name HMI INC. OF MASSACHUSETTS					
Principal Place of Business 55 PROVIDENCE HIGHWAY NORWOOD, MA 02062			Mailing Address 55 PROVIDENCE HIGHWAY NORWOOD, MA 02062		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 04-3252901				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 ZIELINSKI, LARRY N 1345 MARJOHN AVE CLEARWATER, FL 33756			7. Name and Address of New Registered Agent Name BRIAN SZYMANEL Street Address (P.O. Box Number is Not Acceptable) 17510 STINCAR DR City LAND O' LAKES FL Zip Code 34638		
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  BRIAN SZYMANEL <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERREIRA, PAUL V		NAME		
STREET ADDRESS	342 CARTWRIGHT RD		STREET ADDRESS		
CITY-ST-ZIP	WELLESLEY, MA 02482		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONROE, WILLIAM C		NAME		
STREET ADDRESS	P.O. BOX 6212		STREET ADDRESS		
CITY-ST-ZIP	LINCOLN, MA 017736212		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERREIRA, KENNETH J		NAME		
STREET ADDRESS	46 MISTY COVE		STREET ADDRESS		
CITY-ST-ZIP	HILTON HEAD ISLAND, NC 29928		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRY, JOSEPH F		NAME		
STREET ADDRESS	78 KENDRICK RD		STREET ADDRESS		
CITY-ST-ZIP	E HARWICH, MA 02645		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRUETT, KAREN D		NAME		
STREET ADDRESS	110 MOSLE RD		STREET ADDRESS		
CITY-ST-ZIP	FAR HILLS, NJ 07931		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOHN, DONALD R		NAME		
STREET ADDRESS	1025 HALE ST		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY FARMS, MA 01915		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:  Kenneth J. Ferreira Treasurer 7/19/06 281-680-0207 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT
FLORIDA DEPARTMENT OF STATE
2006 ANNUAL REPORT FOR PROFIT CORPORATION
Continuation Sheet

50022961
#F04000001894

10. Officers and Directors

D
James D. McGraw
244 Brattle St.
Cambridge, MA 02138

D
E.B. Wilson
34 Strawberry Lane
N. Chatham, MA 02650