


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90028 050 \*\*\*150.00

**DOCUMENT # F60730**

1. Entity Name  
 HRM PROVISION CO., INC.



Principal Place of Business  
 3200 S CONGRESS AVE  
 STE 201  
 BOYNTON BEACH, FL 33426 US

Mailing Address  
 3200 S CONGRESS AVE  
 STE 201  
 BOYNTON BEACH, FL 33426 US

2. Principal Place of Business  
 1445 N. Congress Ave

3. Mailing Address  
 1445 N. Congress Ave

Suite, Apt. #, etc.  
 13

City & State  
 Delray Beach FL

City & State  
 Delray Beach, FL

Zip  
 33445

Country  
 USA

01162006 Chg-P CR2E034 (11/05)

4. FEI Number  
 59-2155251

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

DILLON, TIM L  
 3200 S. CONGRESS AVE  
 STE 201  
 BOYNTON BEACH, FL 33426

7. Name and Address of New Registered Agent

Name

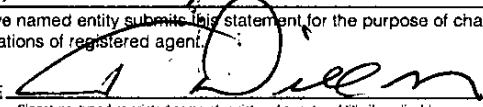
Street Address (P.O. Box Number is Not Acceptable)  
 1445 N. Congress Ave Ste 13

City  
 Delray Beach

FL

Zip Code  
 33445

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 1-17-06

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$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 DILLON, TIMOTHY 3200 SOUTH CONGRESS AVENUE BOYNTON BEACH, FL 33426 <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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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.