2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004807

Entity Name: HMI ASSOCIATES, INC.

FILED Jul 21, 2008 Secretary of State

•		· · · , · · · · ·				
Current Principal Place of Business:				New Principal Place of Business:		
6800 OWENSMOUTH AVENUE SUITE 330 CANOGA PARK, CA 91303				475 PARK AVENUE SOUTH 12TH FLOOR NEW YORK, NY 10016		
Current Mailing Address:				New Mailing Address:		
6800 OWENSMOUTH AVENUE SUITE 330 CANOGA PARK, CA 91303				475 PARK AVENUE SOUTH 12TH FLOOR NEW YORK, NY 10016		
FEI Number: 9	95-3863566	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
DONATY, STEVE R 1618 CAREFREE AV #C DUNEDIN, FL 34698 US 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						
SIGNATURE:						
Electronic Signature of Registered Agent Date						
		3(2)(b), F.S., the corporation did not r	eceive ti	he prior notice	.	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	HEIDER, ANDR 1398 WINDY M	Delete EW H DUNTAIN AVENUE LLAGE, CA 91362		Title: Name: Address: City-St-Zip:	() Change ()Addition
Title: Name: Address: City-St-Zip:	ST () MOEN, MICHAE 325 LONGBRAN SIMI VALLEY, C	ICH RD		Title: Name: Address: City-St-Zip:	CEO (X ANDREWS, RA 27959 SMYTH VALENCIA, CA	DRIVE
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	VP (MOEN, MICHA 27959 SMYTH VALENCIA, CA	DRIVE
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	WOOD, JAMES	NUE SOUTH, 12TH FLOOR
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	TOPF, MICHAE	NUE SOUTH, 12TH FLOOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL TOPF SEC 07/21/2008