

2004
**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90072 039 ***150.00

DOCUMENT # F95000006325 1. Entity Name <i>H & M BAY, INC.</i>	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1800 INDUSTRIAL PARK DRIVE</i> Suite, Apt. #, etc.	3. Mailing Address <i>P.O. BOX 280 INDUSTRIAL PARK DRIVE</i> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <i>FEDERALSBURG, MD</i>	City & State <i>FEDERALSBURG, MD</i>	4. FEI Number <i>52-1930791</i>	Applied For Not Applicable
Zip <i>21632</i>	Country <i>U.S.A.</i>	Zip <i>21632</i>	Country <i>U.S.A.</i>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name <i>CT CORPORATION SYSTEM</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>1200 SOUTH PINE ISLAND ROAD</i>	
City <i>PLANTATION</i>	FL Zip Code <i>33324</i>

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DC HAYMAN, LAWRENCE 1800 INDUSTRIAL PARK DRIVE FEDERALSBURG, MD 21632</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DP MESSICK, WALTER 1800 INDUSTRIAL PARK DRIVE FEDERALSBURG, MD 21632</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S BURNETT, K. KING 1800 INDUSTRIAL PARK DRIVE FEDERALSBURG, MD 21632</i>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Lawrence Hayman* 3/15/04 860-932-7521
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #