

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001865

Entity Name: HMA CONSULTING, INC.

FILED
Apr 05, 2006
Secretary of State

Current Principal Place of Business:

2929 BRAIRPARK DR.
SUITE 325
HOUSTON, TX 77042 US

New Principal Place of Business:

Current Mailing Address:

2929 BRAIRPARK DR.
SUITE 325
HOUSTON, TX 77042 US

New Mailing Address:

FEI Number: 75-2583921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCES, EDDIE ALA
1385 CORAL WAY #204
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: HATCHER, JOHN H
Address: 2929 BRIARPARK DR. SUITE 325
City-St-Zip: HOUSTON, TX 77042 US

Title: DC () Delete
Name: MELLOR, ROGER
Address: 2929 BRIARPARK DR. SUITE 325
City-St-Zip: HOUSTON, TX 77042 US

Title: VP () Delete
Name: BADE, MATTHEW L
Address: 2929 BRIARPARK DR. SUITE 325
City-St-Zip: HOUSTON, TX 77042 US

Title: VP () Delete
Name: ALAN, OSZ
Address: 2929 BRIARPARK DR. SUITE 325
City-St-Zip: HOUSTON, TX 77042 US

Title: VP () Delete
Name: MARK, BOWDEN
Address: 2929 BRIARPARK DR. SUITE 325
City-St-Zip: HOUSTON, TX 77042 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MARK, BOWDEN
Address: 2929 BRIARPARK DR. SUITE 325
City-St-Zip: HOUSTON, TX 77042

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN H. HATCHER

PSTD

04/05/2006

Electronic Signature of Signing Officer or Director

Date