2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2008 8:00 am Secretary of State

DOCUI 1. Entity Nam HMHT IN					01-11-200	08 90029 012 ***1	150.00
Principal Place of Business		Mailing Address	<u>-</u>	3~	-		
560 VILLAGE BLVD #335		560 VILLAGE BLVD 335					
WEST PALM BEACH, FL 33409		WEST PALM BEACH, FL 33409			I BITII BIXXXX IIIIX BIIXI IBI	II BIBIN BIBIN BIBIN BIBIN BIBIN BIB	i ii ns i II f an i
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 430 Columbia Drive Suite, Apt. #, etc.					
430 ColumBIA DIZIVE Suite, Apt. #, etc. 110			Suite, Apt. #, etc.		Chg-P	CR2E034 (12/06)	
City & State West PACM BoAcj + FL		City & State WEST PALM BRACK, FL		4. FEI Numbi			pplied For
Zip Country		Zip Country 1			of Status Desired	□ \$8.75 Ad	
	6. Name and Address of Current	33409 Registered Agent	<u> </u>		Address of New I	Fee Require	ed
HEDOHEN			Name	MRY HERSEY			
560 VILLA	', HARRY JR. GE BLVD. #335	Street Ad	Street Address (P.O. Box Number is Not Acceptable) 400 Columbra DRIVE				
WEST PAL	LM BEACH, FL 33409	10 COLUMBI	A DRIVE				
			City,		0 . /	□ Zip Coo	le .
8. The above	named entity submits this statement for	r the purpose of changing its i	registered affice or a		Se Nel F	orida Lam familiar with	and accent
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.							
SUSNATURE_	Ognature, typod or printed name of region of agent a	and fitte d applicable. (NOTE.	. Registered Agent signatur	e roquilled when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.							
10.	OFFICERS AND		I 11.	ADDITIONS	CHANGES TO OF	FICERS AND DIRECTOR	S IN 1:
TITLE	Р	☐ Delete	TITLE	ADDITIONED	CHARGES TO OFF	Change	Addition
NAME STREET ADDRESS	HERSEY, HARRY W. 580 VILLAGE BLVD #335		NAME	110 10 1	o 6	(((0	
CITY-SI-ZIP	WEST PALM BEACH, FL 33409		STREET ADDRESS City-St-ZIP	420 PoluBIA	t /IRIVE () Benell El	33409	
TITLE		☐ Delete	TITLE	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-S1-ZIP			CITY-SI-ZIP				
HILE		☐ Deiele	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-S1-ZIP				
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CiTY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE			☐ Change	☐ Addition
STHEET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	71		CITY-SI-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY - S1 - 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 attackment with an address, with all other like empowered.							
SIGNATURE: SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Disylande Proces							