2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J36727

FILED Feb 14, 2006 Secretary of State

Entity Nar	ne: HLM CAF	PITAL RESOURCES, INC.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
645	DES ROAD	4 110			
	TON, FL 3343				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
645	DES ROAD	4			
BOCA RA	TON, FL 3343	4 US			
FEI Number:	59-2748488	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
MISCHLER, HARLAND L. 7900 GLADES ROAD 645			7900 GLADES ROA	MISCHLER, HARLAND L 7900 GLADES ROAD 645	
BOCA RATON, FL 334341104 US				BOCA RATON, FL 334341104 US	
	named entity s	submits this statement for the	purpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: HARLAND MISCHLER				02/14/2006	
	Electron	ic Signature of Registered Ag	ent	Date	
Election Can	npaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DC () MISCHLER, HA 17037 BROOK! BOCA RATON,	WOOD DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MCGOLDRICK, 48 SHEEP HILL W. HARTFORD	DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () MCGOLDRICK, 48 SHEEP HILL W. HARTFORD	DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS MISCHLER 02/14/2006 D

MISCHLER, THOMAS O

5088 POINTE ALEXIS DRIVE

BOCA RATON, FL 33486 US

Name:

Address:

City-St-Zip: