

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J36727

FILED
Feb 05, 2007
Secretary of State

Entity Name: HLM CAPITAL RESOURCES, INC.

Current Principal Place of Business:

7900 GLADES ROAD
645
BOCA RATON, FL 33434 US

New Principal Place of Business:

Current Mailing Address:

7900 GLADES ROAD
645
BOCA RATON, FL 33434 US

New Mailing Address:

FEI Number: 59-2748488 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MISCHLER, HARLAND L
7900 GLADES ROAD
645
BOCA RATON, FL 334341104 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: DC () Delete
Name: MISCHLER, HARLAND L
Address: 17037 BROOKWOOD DRIVE
City-St-Zip: BOCA RATON, FL 33496 US

Title: D () Delete
Name: MCGOLDRICK, MICHAEL
Address: 48 SHEEP HILL DR.
City-St-Zip: W. HARTFORD, CT 06117 US

Title: DS () Delete
Name: MCGOLDRICK, MARILYN W
Address: 48 SHEEP HILL DR.
City-St-Zip: W. HARTFORD, CT 06117 US

Title: D () Delete
Name: MISCHLER, THOMAS O
Address: 5088 POINTE ALEXIS DRIVE
City-St-Zip: BOCA RATON, FL 33486 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:

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: THOMAS MISCHLER

D

02/05/2007

Electronic Signature of Signing Officer or Director

Date