

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000044633

Entity Name: H.F.S. OF AMERICA, INC.

FILED
Mar 15, 2006
Secretary of State

Current Principal Place of Business:

413 RIVER ROAD
HUDSON, MA 01749

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 186
ASHLAND, MA 01721

New Mailing Address:

P.O. BOX 1159
BERLIN, MA 01503

FEI Number: 65-1004461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRISCOLL, JOHN P
3409 SOUTH EAST TENTH PLACE
CAPE CORAL, FL 33904 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: PD () Delete
Name: DRISCOLL, SHAWN
Address: 5 KINGS ROW
City-St-Zip: ASHLAND, MA 01721

Title: TD () Delete
Name: JOHNSON, PATRICK
Address: 23 LIGHTHOUSE RD.
City-St-Zip: SCITUATE, MA 02066

Title: CD () Delete
Name: DEARBORN, BRUCE
Address: 89 MOUNT PLEASANT RD
City-St-Zip: MILFORD, MA 01757

Title: D () Delete
Name: BELANGER, ALBERT
Address: 95 ABBOTT ST.
City-St-Zip: EAST PROVIDENCE, RI 02914

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: SHAWN DRISCOLL

PD

03/15/2006

Electronic Signature of Signing Officer or Director

Date