


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90039 039 ***158.75

DOCUMENT # P01000048358
 1. Entity Name
 H.H.M.T., INC.



Principal Place of Business
 7116 S. MILITARY TRAIL
 LAKE WORTH, FL 33463

Mailing Address
 4040 ARTHURIUM AVE
 LAKE WORTH, FL 33462

40105061



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc

3. Mailing Address
 7116 S MILITARY TR
 Suite, Apt. #, etc.

05232008 Chg-P CR2E034 (12/06)

City & State
 Lake Worth FL

City & State
 Lake Worth FL

Zip
 33462

Country
 Palm Bch

4. FEI Number
 65-1124999

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NELSON, JEAN MICHELE
 4040 ARTHURIUM AVE.
 LAKE WORTH, FL 33462

7. Name and Address of New Registered Agent
 Name
 N.H.M.T.I.N.E C/O APICERNO CHIROPRACTE
 Street Address (P.O. Box Number is Not Acceptable)
 7116 S. Military Tr
 City
 Lake Worth FL FL Zip Code
 33462

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NELSON, JEAN M 4040 ARTHURIUM AVE. LAKE WORTH, FL 33462 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAYNE NELSON 4088 ARTHURIUM AVE LANTANA FL 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 attachment with an address, with all other like empowered.

SIGNATURE: Wayne Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____