

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000093107

FILED
Apr 18, 2007
Secretary of State

Entity Name: H.K.M.CORPORATION OF FORT PIERCE

Current Principal Place of Business:

1889 N US ONE
FT PIERCE, FL 34951

New Principal Place of Business:

1889 N US ONE
FT PIERCE, FL 34946

Current Mailing Address:

1889 N US ONE
FT PIERCE, FL 34951

New Mailing Address:

1889 N US ONE
FT PIERCE, FL 34946

FEI Number: 65-1139299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHOWDHURY, M.A. H
1889 N US ONE
FT PIERCE, FL 34951 US

Name and Address of New Registered Agent:

CHOWDHURY, M.A. H
1889 N US ONE
FT PIERCE, FL 34946 US

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: MA CHOWDHURY

04/18/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHOWDHURY, MA H
Address: 1889 N US ONE
City-St-Zip: FT PIERCE, FL 34951

Title: D () Delete
Name: KAMAL, MOHAMMED I
Address: 1889 N US ONE
City-St-Zip: FT PIERCE, FL 34951

Title: D () Delete
Name: MASUD, MOHAMMED A
Address: 1889 N US ONE
City-St-Zip: FT PIERCE, FL 34951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CHOWDHURY, MA H
Address: 1889 N US ONE
City-St-Zip: FT PIERCE, FL 34946

Title: D (X) Change () Addition
Name: KAMAL, MOHAMMED I
Address: 1889 N US ONE
City-St-Zip: FT PIERCE, FL 34946

Title: D (X) Change () Addition
Name: MASUD, MOHAMMED A
Address: 1889 N US ONE
City-St-Zip: FT PIERCE, FL 34946

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: MA CHOWDHURY

D

04/18/2007

Electronic Signature of Signing Officer or Director

Date