




**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000055186 1. Entity Name H.M.T.A. REAL ESTATE, INC.						40073800	
Principal Place of Business 1990 MAIN ST, STE 801 SARASOTA, FL 34236		Mailing Address 1990 MAIN ST, STE 801 SARASOTA, FL 34236					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip Country		Zip Country					
							
4. FEI Number 56-2359711							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional -- Fee Required							
6. Name and Address of Current Registered Agent HARTENSTINE, J. MICHAEL 200 SOUTH ORANGE AVE SARASOTA, FL 34236			7. Name and Address of New Registered Agent				
Name			Name				
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)				
City			City				
State			State				
Zip Code			Zip Code				
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 _____ <small>Signature: typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature req. used when registering) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P REICHARDT, HANS-JURGEN 1990 MAIN ST, STE 801 SARASOTA, FL 34234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST REICHARDT, MONIKA 1990 MAIN ST, STE 801 SARASOTA, FL 34236 <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:  Hans Reichardt 3/18/08							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							