2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 06, 2007 8:00 am Secretary of State **DOCUMENT # P03000124408** 02-06-2007 90008 008 ***150.00 H.M.B. CONSULTING CORPORATION Principal Place of Business Mailing Address 40009969 2808 MANATEE AVE W 2808 MANATEE AVE W BRADENTON, FL 34205 BRADENTON, FL 34205 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2816 MANATEE AVE W 2816 Manater AVEN 01042007 CR2E034 (12/06) City & State Bradenton City & State 4. FEI Number Applied For 26-0081837 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 34 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Nelson, Mark A Esq Street Address (P.O. Box Number is Not Acceptable) NELSON, MARK A ESQ. 2808 MANATEE AVE W BRADENTON, FL 34205 2816 MANATEE AVE 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 PTD EVERETT BRIAN Change Addition 2816 MANATEE AVE W BRADENTON FC 37105 VSD EVERETT HILHA Change Addition 2816 MANATEE AVEW 2816 MANATEE AVEW OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD TITLE TITLE Delete EVERETT, BRIAN NAME NAME STREET ADDRESS STREET ADDRESS 2808 MANATÉE AVE W CITY-ST-ZIP CiTY-ST-ZIP BRADENTON, FL 34205 VSD Delete 🔼 TITLE TITLE EVERETT, HILHA NAME NAME 2808 MANATEE AVE W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIP ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST- 7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 any address, with all other like empowered.

FILED

Daytime Phone #