


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90022 036 \*\*\*150.00

DOCUMENT # P04000021574			
1. Entity Name HAMI, INC.			
Principal Place of Business 6430 WATERCRAFT WAY SUITE #204 BRADENTON, FL 34202		Mailing Address 6430 WATERCRAFT WAY SUITE #204 BRADENTON, FL 34202	
2. Principal Place of Business - No P.O. Box # 6430 WATERCREST WAY Suite, Apt. #, etc.		3. Mailing Address 6430 WATERCREST WAY. Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HARTWICK, BRADLEY J 6430 WATERCRAFT WAY, SUITE 204 BRADENTON, FL 34202 <i>WATERCREST</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <i>Bradley J. Hartwick</i> <b>BRADLEY J. HARTWICK VICE PRES. APR. 1/08</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTWICK, BRADLEY J	NAME	<i>WATERCREST</i>
STREET ADDRESS	6430 WATERCRAFT WAY, SUITE #204	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34202	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTWICK, ROSANNE	NAME	<i>WATERCREST.</i>
STREET ADDRESS	6430 WATERCRAFT WAY, SUITE 204	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34202	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Bradley J. Hartwick</i>		Date: <b>APR. 1/08</b> 941-315-0001	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	