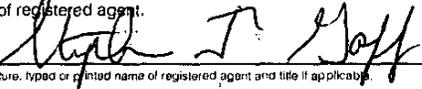
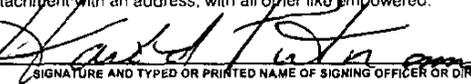


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90046 041 \*\*\*150.00

<b>DOCUMENT # P05000133465</b>					
1. Entity Name H & M PUTNAM, INC.					
Principal Place of Business P.O. BOX 3821 VERO BEACH, FL 32964			Mailing Address P.O. BOX 3821 VERO BEACH, FL 32964		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				4. FEI Number <b>20-3591335</b>	
A1A REGISTERED AGENT INC. 92 SADBERRY ROAD QUINCY, FL 32351				Applied For	
				Not Applicable	
				-5.-Certificate of Status Desired- <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
7. Name and Address of New Registered Agent					
Name <b>Stephen T Goff</b>					
Street Address (P.O. Box Number is Not Acceptable)					
<b>1940 10<sup>th</sup> Ave Ste C</b>					
City <b>Vero Beach</b>				FL	Zip Code <b>32960</b>
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 <b>2/6/2006</b>	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
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	DPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PUTNAM, HAROLD	NAME			
STREET ADDRESS	P.O. BOX 3821	STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32964	CITY-ST-ZIP			
TITLE	D VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PUTNAM, MARLENE	NAME			
STREET ADDRESS	P.O. BOX 3821	STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32964	CITY-ST-ZIP			
TITLE	D S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PUTNAM, JUDITH	NAME			
STREET ADDRESS	10303 SANBET COURT	STREET ADDRESS			
CITY-ST-ZIP	GLEN ALLEN, VA 23060	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 prepare 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: 				DATE <b>2/6/2006</b>	
Signature and typed or printed name of signing officer or director				Daytime Phone #	