2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P05000159028 08-08-2006 90001 029 ***150.00 1. Entity Name HMA GROUP, INC. Principal Place of Business Mailing Address 50024672 6127 S. HAMPSHIRE COURT 6127 S. HAMPSHIRE COURT WINDMERE: FL 34786 US -WINDMERE, FL 34786 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08022006 Chg-P CR2E034 (11/05) ity & State City & State 4. FEI Number Applied For DINDERMENE, 20-Not Applicable INVER \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AYALA, HENRY M 6127 S. HAMPSHIRE COURT WINDMERE, FL 34786 Street Address (P.O. Box Number is Not Acceptable) WILDERMENE, FL City 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. Aug 2, 2006 SIGNATURE. Signature, typed or printed name of registered agent and title (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 6, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CEO TITLE ☐ Delete TITLE Change Addition AYALA, HENRY M NAME NAME 6127 S. HAMPSHIRE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINDMERE, FL 34786 CITY-ST-ZIP SEC TITLE Delete TITLE ☐ Addition Change AYALA, HENRY M NAME NAME STREET ADDRESS 6127 S. HAMPSHIRE COURT STREET ADDRESS CITY-ST-ZIP WINDMERE, FL 34786 CITY-ST-ZIP CFO Change TITLE ☐ Delete TITLE Addition AYALA, HENRY M NAME NAME STREET ADDRESS 6127 S. HAMPSHIRE COURT STREET ADDRESS CITY-ST-ZIP WINDMERE, FL 34786 CITY-ST-ZIP ITLE ☐ Delete TITLE Change ■ Addition AYALA, HENRY M NAME NAME STREET ADDRESS 6127 S. HAMPSHIRE COURT STREET ADDRESS WINDMERE, FL 34786 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 primitive employered 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.

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Aug 08, 2006 8:00 am