


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P92000015301 1. Entity Name HMM, INC.	
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Principal Place of Business 7640 N. WICKHAM ROAD STE 101B MELBOURNE, FL 32940	Mailing Address P.O. BOX 410999 MELBOURNE, FL 32941
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01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3156295	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HEALY, PATRICK 1800 W HIBISCUS BLVD MELBOURNE, FL 32901
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD IGO, MILES P O BOX 410999 MELBOURNE, FL 32941
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALEY, MYRA K PO BOX 410999 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHEPARD, KELLIE PO BOX 410999 MELBOURNE, FL 32940
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000619748 02/09/07-80009-012 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Myra K. Haley Myra K Haley 2-1-07 321 242-6210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #