2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# P92000015301

Entity Name: HMM, INC.

Current Principal Place of Business:

7640 N. WICKHAM ROAD
STE 101B
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 410999
MELBOURNE, FL 32941

New Mailing Address:

FEI Number: 59-3156295 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEALY, PATRICK
1800 W HIBISCUS BLVD
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

HEALY, PATRICK
1795 W NASA BLVD.
MELBOURNE, FL 32901 US

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.

SIGNATURE: PATRICK HEALY 01/15/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: IGO, MILES
Address: P O BOX 410999
City-St-Zip: MELBOURNE, FL 32941

Title: PD ( ) Delete
Name: HALEY, MYRA K
Address: PO BOX 410999
City-St-Zip: MELBOURNE, FL 32940

Title: S ( ) Delete
Name: SHEPARD, KELLIE
Address: PO BOX 410999
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: HALEY, MYRA K
Address: PO BOX 410999
City-St-Zip: MELBOURNE, FL 32941

Title: S (X) Change ( ) Addition
Name: SHEPARD, KELLIE
Address: PO BOX 410999
City-St-Zip: MELBOURNE, FL 32941

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRA K. HALEY PD 01/15/2009
Electronic Signature of Signing Officer or Director Date