
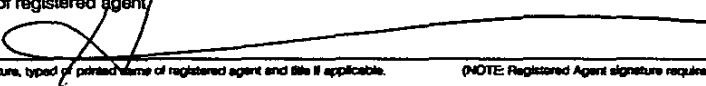


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90350 019 \*\*\*150.00

<b>DOCUMENT # P93000074278</b>			
1. Entity Name <b>HMS II INC.</b>			
Principal Place of Business <b>1301 N FEDERAL HWY LAKE WORTH, FL 33460 US</b>		Mailing Address <b>1301 N FEDERAL HWY LAKE WORTH, FL 33460 US</b>	
2. Principal Place of Business <b>1832 Pierce Dr.</b>		3. Mailing Address <b>1832 Pierce Dr.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Lake Worth FL</b>		City & State <b>Lake Worth, FL</b>	
Zip <b>33460</b> Country <b>P.R.</b>		Zip <b>33460</b> Country	
8. Name and Address of Current Registered Agent <b>SCULLY, HELENE M 1301 N FEDERAL HWY LAKE WORTH, FL 33460</b>		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 		DATE <b>4-28-06</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCULLY, HELENE 1301 N FEDERAL HWY LAKE WORTH, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SCULLY, Helene 1832 Pierce Dr. LAKE WORTH, FL 33460</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

 **4-28-06**