### 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # P93000078718

1. Entity Name

المغراء تسرده

HME ENTERPRISES, INC.



Principal Place of Business

2295 CORPORATE BOULEVARD, N.W.

SUITE 222

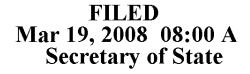
BOCA RATON, FL 33431

Mailing Address

2295 CORPORATE BOULEVARD, N.W.

SUITE 222

BOCA RATON, FL 33431





02132008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0447942

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

HERRICK, NORTON 2295 CORPORATE BOULEVARD, N.W. SUITE 222 BOCA RATON, FL 33431

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8. The above	e named entity submits this statement for the purp	ose of changing its registered office or req	gistered agent, or both, in the State of Florida.	I am familiar with, and accept
the obliga	tions of registered agent.			
•				
CICNIATURE				

(NOTE Registered Agent signature required when reinstating)

#### FILE NOW!!! FEE IS \$150.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Arter M	ay 1, 2008 Fee will be \$550.00	Trust Fund Contribution.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	VPS HERRICK, NORTON 2295 CORPORATE BLVD NW #222 BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAS HERRICK, HOWARD 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS, NJ 07927	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS HERRICK, MICHAEL 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS, NJ 07927	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KERMALLI, NISAR 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS, NJ 07927	•
TITLE NAME STREET ADDRESS CITY-SI-2IP	DVP HERRICK, ELAYNE 400 SE 5TH AVE PH 1104 BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERRICK, EVAN 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS, NJ 07927 certify that the information supplied with this fi	

04/03/08-80114-001 158.75

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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 adoless, with all other like empowered.

SIGNATURE:

NAME AND TYPES OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Daytime Phone #