2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000051986

Entity Name: HM PALM BEACH, INC.

116 N RIVER DR WEST

JUPITER, FL 33458

Address:

City-St-Zip:

FILED Mar 23, 2008 Secretary of State

Current P	rincipal Place	of Business:	New Principal Pla	New Principal Place of Business:	
MRS FIELDS COOKIES 3101 PGA BLVD., #D-105 PALM BEACH GARDENS, FL 33410			3101 PGA BLVD.,	MRS FIELDS COOKIES 3101 PGA BLVD., #O-201 PALM BEACH GARDENS, FL 33410	
Current M	lailing Addre	ss:	New Mailing Add	New Mailing Address:	
MRS FIELDS COOKIES 3101 PGA BLVD., #D-105 PALM BEACH GARDENS, FL 33410			3101 PGA BLVD.,	MRS FIELDS COOKIES 3101 PGA BLVD., #O-201 PALM BEACH GARDENS, FL 33410	
FEI Number	: 65-0603249	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
420 CLEM WEST PA	EVELYN F CP ATIS ST, FL 2 LM BEACH, F named entity	_ 33401 US	ourpose of changing its regisi	tered office or registered agent, or both,	
in the State	e of Florida.				
SIGNATU		is Oissantson of Demisters I Ass		Date	
Election Car		nic Signature of Registered Ago g Trust Fund Contribution().	ent	Date	
	S AND DIREC	- ,,	ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	VPS (VAID, HAJERA 116 N. RIVER JUPITER, FL (Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P (VAID, MOHAMI 116 N RIVER D JUPITER, FL	R WEST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (VAID, OMAR 116 N RIVER D JUPITER, FL (Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (VAID. ALIA) Delete	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: HAJERA M VAID VPS 03/23/2008