


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90003 021 \*\*\*158.75

<b>DOCUMENT # P96000040213</b> 1. Entity Name <b>H &amp; M PRODUCTS, INC.</b>					
Principal Place of Business <b>7507 KINGSPONTE PKWY., 106A, ORLANDO, FL 32819</b>			Mailing Address <b>7507 KINGSPONTE PKWY., 106A ORLANDO, FL 32819</b>		
2. Principal Place of Business - No P.O. Box # <b>6314 KINGSPONTE PKWY.,</b> Suite, Apt. #, etc. <b>#5,</b>		3. Mailing Address <b>6314 KINGSPONTE PKWY.,</b> Suite, Apt. #, etc. <b>#5</b>			
City & State <b>ORLANDO, FL</b>		City & State <b>ORLANDO, FL</b>		4. FEI Number <b>59-3377399</b>	
Zip <b>32819</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MANGHNANI, HARISH 11132 CRYSTAL GLEN BLVD ORLANDO, FL 32837</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANGHNANI, HARISH 11132 CRYSTAL GLEN BLVD ORLANDO, FL 32837		<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	STD MANGHNANI, MIRA 11132 CRYSTAL GLEN BLVD ORLANDO, FL 32837		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.					
<b>SIGNATURE: <u>Harish Manghnani</u> HARISH MANGHNANI 2/26/07 407-592-5253</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					