

## **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P99000066979

Entity Name: H.K.M.L. INCORPORATED

**FILED**  
**Aug 25, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

2200 LAKE IDA RD.  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

2200 LAKE IDA RD.  
DELRAY BEACH, FL 33445

**New Mailing Address:**

FEI Number: 65-0936730

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LERMAN, HARRIET A  
8486 LOGIA CIRCLE  
BOYNTON BEACH, FL 33437 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LERMAN, HARRIET  
Address: 8486 LOGIA CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: CEO ( ) Change (X) Addition  
Name: COOMBS, TIMOTHY  
Address: 2424 WESTMONT DRIVE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY COOMBS

CEO

08/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date