


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90043 046 ****61.25

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DOCUMENT # 748507							
1. Entity Name HAMILTON SQUARE, INC.							
Principal Place of Business 200 N TAMiami TRAIL SUITE A VENICE, FL 34285		Mailing Address 200 N TAMiami TRAIL SUITE A VENICE, FL 34285					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-2061857			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BARCLAY, MARK 200 A N. TAMiami TRAIL VENICE, FL 34285			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	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 _____				
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTIN, LIANA			NAME			
STREET ADDRESS	200 N TAMiami TR SUITE D			STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34285			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WARD, THOMAS			NAME			
STREET ADDRESS	5221 OCEAN BLVD #2			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34242			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARCLAY, MARK			NAME			
STREET ADDRESS	200 N TAMiami TRAIL, #A			STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34285			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHAUB, MONICA			NAME			
STREET ADDRESS	278 PARK FOREST BLVD			STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD, FL 34223			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COSTELLO, SHANNON			NAME			
STREET ADDRESS	200 N TAMiami TR SUITE H			STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34285			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HAMILTON, ROBERT			NAME	VP Lyndon Yoder		
STREET ADDRESS	PO BOX 2557			STREET ADDRESS	130 Pa Vinci Dr.		
CITY-ST-ZIP	CLEVELAND, GA 30528			CITY-ST-ZIP	Nokomis, FL 34275		
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 617, 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: _____				Date _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # _____			