## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 13, 2006 08:00 AM Secretary of State

	ANNUAL	REPORT	<b>*</b>		- TA			- CC4-4-
	MENT # G04743					Secrei	ary	of State
1. Entity Name HAMILTON REALTY OF PALM BEACH COUNTY, INC.								
800 N. FLAG		Mailing Address 800 N. FLAGLER DR. WEST PALM BEACH, FL 33409		; ;	. SECINS ECH ECIN ESCH SECH SECH SECH SECEC IN EVEN BIEN EVEN BIEN EVEN BIEN EVEN			
DO NOT WRITE IN THIS SPA					01132006 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For 59-2452889 Not Applied To Not Applied For Not App			
					5. Certificate	of Status Desired		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HAMILTON, HARRY S. 800 N. FLAGER DR. WEST PALM BEACH, FL 33409					IN -	NOT W	AC	E
8. The above the obligat SIGNATURE.	a named entity submits this statement for the films of registered agent.  Signature, typed or primed name of registered agent and the		·	;		th, in the State of Fic	DATE	
Fil. After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	S. Election Campaign Finar     Trust Fund Contribution.	Election Campaign Financing     Trust Fund Contribution.		00 May Be ed to Fees			
10.  RITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	N. PALM BCH., FL  D DIPPY, WALTER E. 900 E. OCEAN BLVD #330 STUART, FL  D HAMILTON, HARRY S 800 N. FLAGLER DR. W. PALM BCH., FL 33401				DO NOT WRITE			
TITLE NAME STREET ADDRESS		!						

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.

SIGNATURE:

CITY-ST-ZIP

STREET ADORESS

E AND THE SERVICE NAME OF SIGNING OFFICER OR DIRECTOR 23/00

361-6553115