2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# G15902

Entity Name: PROPERTIES OF HAMILTON, INC.

Current Principal Place of Business:

555 N.E. 34TH ST.
#306
MIAMI, FL 33137

New Principal Place of Business:

555 N.E. 34TH ST.
#100
MIAMI, FL 33137

Current Mailing Address:

555 N.E. 34TH ST.
#306
MIAMI, FL 33137

New Mailing Address:

555 N.E. 34TH ST.
#100
MIAMI, FL 33137

FEI Number: 59-2344531 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUNTRUST BANK, SOUTH FLORIDA
C/O WILLIAM J JONES
777 BRICKELL AVENUE, SUITE 200
MIAMI, FL 33137 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDC ( ) Delete
Name: TINKLER, STEVEN L
Address: 555 N.E. 34TH ST.
City-St-Zip: MIAMI, FL 33137

Title: VDVC ( ) Delete
Name: GREENE, C. THOMAS
Address: 555 N.E. 34TH ST.
City-St-Zip: MIAMI, FL 33137

Title: DV ( ) Delete
Name: FISHER, ALLEN B
Address: 555 N.E. 34TH ST.
City-St-Zip: MIAMI, FL 33137

Title: VTAS ( ) Delete
Name: JONES, WILLIAM J
Address: 555 N.E. 34TH ST.
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete
Name: JONES, WILLIAM J
Address: 555 N.E. 34TH ST.
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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.

SIGNATURE: WILLIAM J JONES VP 03/17/2009

Electronic Signature of Signing Officer or Director — Date