2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# J46064

Entity Name: HAMILTON-MASTERS, ASSOCIATES, INC.

Current Principal Place of Business:

1539 CENTER AVE.
HOLLY HILL, FL 321172021

New Principal Place of Business:

Current Mailing Address:

1539 CENTER AVE.
HOLLY HILL, FL 321172021

New Mailing Address:

FEI Number: 59-2744789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASTERS, JOHN M. SR.
1539 CENTER AVE
HOLLY HILL, FL 32117 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: PD ( ) Delete
Name: MASTERS, JOHN M. SR.
Address: 1539 CENTER AVE.
City-St-Zip: HOLLY HILL, FL

Title: STD ( ) Delete
Name: MASTERS, JUDITH A.
Address: 1539 CENTER AVE.
City-St-Zip: HOLLY HILL, FL

Title: VPD ( ) Delete
Name: MASTERS, KIMBERLY M
Address: 2405 THOROUGHBRED DRIVE
City-St-Zip: KILLEEN, TX 76549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MASTERS, JOHN M. SR.
Address: 1539 CENTER AVE.
City-St-Zip: HOLLY HILL, FL 321172021 US

Title: STD (X) Change ( ) Addition
Name: MASTERS, JUDITH A.
Address: 1539 CENTER AVE.
City-St-Zip: HOLLY HILL, FL 321172021 US

Title: VPD (X) Change ( ) Addition
Name: MASTERS, KIMBERLY M
Address: 2405 THOROUGHBRED DRIVE
City-St-Zip: KILLEEN, TX 76549 US

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: JOHN M. MASTERS, SR. PRES 04/14/2009

Electronic Signature of Signing Officer or Director — Date