2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # L55374 03-13-2006 90061 007 ***158.75 DONNA J. HAMILTON, INC. Principal Place of Business Mailing Address 4196 HERSCHEL STREET STE 1 4196 HERSCHEL STREET STE 1 4 14, JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 US 3. Mailing Address 8478 Normand 2 Principal Place of Business 8478 Normand Suite, Apt. #, etc. Suite, Apt. #, etc. 02222006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For Florida Jacksonville Florida Jacksonuille 59-3005790 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ่นัธ**ก** 3àaa1 USA BEESE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLD, KATHLEEN H Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DR., SUITE 2301 JACKSONVILLE, FL 32202 City 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. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWI!! FEE IS \$150.00 Trust Fund Contribution, Added to Fee After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition HAMILTON, DONNA BIVO. HAMILTON, DONNA MARKE NAME STREET ADDRESS 4156 HERSHCEL ST., STE. 1 STREET ADDRESS JACKSONVILLE, FL 32210 CITY-ST-ZIP CITY-ST-ZIP 3299 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Maddition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 charged, or on an attachment with an address, with all other like empowered.

Donnin J. Hamilton Lebruary 22

FILED

Mar 13, 2006 8:00 am