


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 19, 2007 08:00 AM**  
**Secretary of State**

|  |                            |  |
|--|----------------------------|--|
| <b>DOCUMENT # P01000023963</b>   |                            |   |
| 1. Entity Name<br><b>ANGELIQUE HAMILTON, INC.</b>  |                            |  |
| Principal Place of Business<br><b>1288 WEST FAIRBANKS AVENUE<br/>WINTER PARK, FL 32789</b>   |                            | Mailing Address<br><b>1288 WEST FAIRBANKS AVENUE<br/>WINTER PARK, FL 32789</b>   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |                            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WOODS, JONATHAN D ESQ.<br/>425 WEST COLONIAL DRIVE<br/>SUITE 204<br/>ORLANDO, FL 32804</b>   |                            | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>   |                            |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 14, 2007</b>   |                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
| 10. OFFICERS AND DIRECTORS   |                            | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.                               |
| TITLE  | P                          | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| NAME   | HAMILTON, ANGELIQUE        |  |
| STREET ADDRESS   | 1288 WEST FAIRBANKS AVENUE |  |
| CITY-ST-ZIP  | WINTER PARK, FL 32789      |  |
| TITLE  |                            |  |
| NAME   |                            |  |
| STREET ADDRESS   |                            | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| CITY-ST-ZIP  |                            |  |
| TITLE  |                            |  |
| NAME   |                            |  |
| STREET ADDRESS   |                            |  |
| CITY-ST-ZIP  |                            |  |
| TITLE  |                            | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| NAME   |                            |  |
| STREET ADDRESS   |                            |  |
| CITY-ST-ZIP  |                            |  |
| TITLE  |                            |  |
| NAME   |                            |  |
| STREET ADDRESS   |                            | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| CITY-ST-ZIP  |                            |  |
| TITLE  |                            |  |
| NAME   |                            |  |
| STREET ADDRESS   |                            |  |
| CITY-ST-ZIP  |                            |  |
| 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: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                            | 6/19/07 407 493 7410<br><small>Daytime Phone #</small>   |



06152007 No Chg-P CR2E034 (11/05)

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|---|--|
| 4. FEI Number<br><b>59-3705056</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b>              |

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06/19/07-80002-017 150.00