2007 FOR PROFIT CORPORATION ANNUAL REPORT .

Apr 02, 2007 08:00 AM Secretary of State **DOCUMENT # P01000054301** 1. Entity Name H. HAMILTON, INC. Principal Place of Business Mailing Address 2812 N 46TH AVE #G-569 2812 N 46TH AVE #G-569 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 CR2E034 (11/05) No Cha-P 03292007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1118578 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAMILTON, HOWARD DO NOT WRITE 2812 N 46TH AVE #G-569 HOLLYWOOD, FL 33021 IN THIS SPACE 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE NAME HAMILTON, HOWARD STREET ADDRESS 2812 N 46TH AVE #G-569 HOLLYWOOD, FL 33021 CITY-ST-7IP TITLE NAME #00000684631 04/06/07-80041-004 150.0 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CiTY-ST-7IP TITLE

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

NAME STREET ADDRESS CITY-ST-ZIP

HOW WAS IN MAN OF SIGNING OFFICER OR DIRECTOR

3/35/07 (9)401-704

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