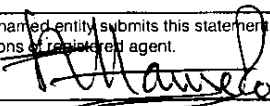
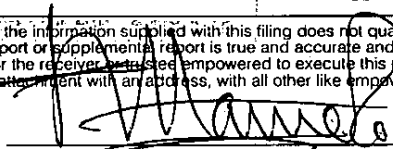


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90020 024 ***158.75

DOCUMENT # P02000079634 1. Entity Name HAMERICA INVESTMENTS INC.																													
Principal Place of Business DISTINCTIVE PROPERTY SERVICES PO BOX 243536 BOYNTON BEACH, FL 33424-3536 US			Mailing Address DISTINCTIVE PROPERTY SERVICES PO BOX 243536 BOYNTON BEACH, FL 33424-3536 US																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 33-1014643 Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				01102005 Chg-P CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent HAMER, PAUL R 3790 MAX PLACE APT 103 BOYNTON BEACH, FL 33436			7. Name and Address of New Registered Agent Name PAUL R. N. HAMER Street Address (P.O. Box Number is Not Acceptable) 6917 TORCH KEY STREET City LAKE WORTH FL Zip Code 33467																										
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. SIGNATURE:  DATE: 1/11/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">P HAMER, PAUL R</td> <td style="width:20%;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">3790 MAX PLACE #103</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">BOYNTON BEACH, FL 33436</td> </tr> </table>			TITLE	P HAMER, PAUL R	☐ Delete	NAME			STREET ADDRESS	3790 MAX PLACE #103		CITY-ST-ZIP	BOYNTON BEACH, FL 33436		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">P HAMER, PAUL R N</td> <td style="width:20%;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">6917 TORCH KEY STREET</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">LAKE WORTH, FL 33467</td> </tr> </table>			TITLE	P HAMER, PAUL R N	☒ Change ☐ Addition	NAME			STREET ADDRESS	6917 TORCH KEY STREET		CITY-ST-ZIP	LAKE WORTH, FL 33467	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, and am 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: 			Date: 1/10/05 Daytime Phone #: 561-969-3955																										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													