


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90016 045 \*\*\*150.00

**DOCUMENT # P03000084381**

1. Entity Name  
**HILTON INTERESTS, INC.**



Principal Place of Business      Mailing Address

**16 WIDGEON PLACE**      **16 WIDGEON PLACE**  
**SAFETY HARBOR, FL 34695**      **SAFETY HARBOR, FL 34695**

**54016612**



2. Principal Place of Business      3. Mailing Address

**16 WIDGEON PLACE**      **16 WIDGEON PLACE**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

03062004      Chg-P      CR2E034 (10/03)

City & State      City & State      4. FEI Number      Applied For

**SAFETY HARBOR, FL**      **SAFETY HARBOR, FL**      **01-0772759**      Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**34695**      **USA**      **34695**      **USA**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**HILTON, LOUIS R**  
**16 WIDGEON PLACE**  
**SAFETY HARBOR, FL 34695**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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.

SIGNATURE: *L.R. Hilton*      DATE: *March 5, 2004*

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>HILTON, LOUIS R</b> <b>16 WIDGEON PLACE</b> <b>SAFETY HARBOR, FL 34695</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *L.R. Hilton*      Date: *March 5, 2004*      Daytime Phone # *927 439-6077*

Signature and typed or printed name of signing officer or director