2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT May 01, 2006 08:00 AM Secretary of State **DOCUMENT # P04000021568** HAMILTON DESIGN COMPANY OF JACKSONVILLE, INC. Principal Place of Business Mailing Address POST OFFICE BOX 600398 POST OFFICE BOX 60039B JACKSONVILLE, FL 32260 JACKSONVILLE, FL 32260 04162006 No Cho-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 86-1096542 Not Applicable \$8.75 Additional For Required 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent HAMILTON, RICHARD A DO NOT WRITE 1157 DOVER DRIVE JACKSONVILLE, FL 32259 IN THIS SPACE 3. 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, typed or printed name of registered agent and site if apprentia. INIO 12. TREBISTO CO Apport a graduro legured when remelating DATE 100070546937 0\$/12/06-80005-801 150.**0**0 Election Campaign Financing \$5.00 May Be File NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10 OFFICERS AND DIRECTORS TITLE HAMILTON, RICHARD A MAME STREET ADDRESS 1157 DOVER DRIVE CITY ST-ZIP JACKSONVILLE, FL 32259 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE ENTY ST. ZIE IN THIS SPACE TITLE **NAME** STREET ADDRESS CATY ST 20 MAME STREET ADDRESS

12. Thereby certify that the information supplied with this filting does not quality 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 in printed by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Glock 11 if changed, or on an attachment with an additional materials are tike empowered.

SIGNATURE:

CATA - 216 nne NAME STREET ADDRESS CITY ST ZIP