

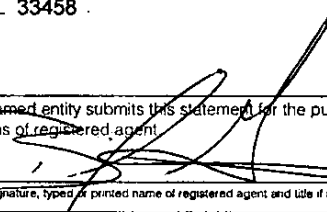
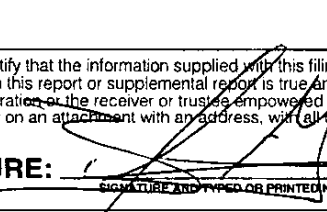


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 04, 2005 8:00 am**  
**Secretary of State**

08-04-2005 90001 010 \*\*\*150.00

<b>DOCUMENT # P04000166362</b> 1. Entity Name <b>HAMILTON FINANCIAL ADVISORS INC.</b>					
Principal Place of Business <b>6501 CHASEWOOD DR STE F JUPITER, FL 33458</b>			Mailing Address <b>6501 CHASEWOOD DR STE F JUPITER, FL 33458</b>		
2. Principal Place of Business <b>11911 U.S. HWY ONE SUITE # 306 NORTH PALM BEACH FL</b>		3. Mailing Address <b>11911 U.S. HWY ONE SUITE # 306 NORTH PALM BEACH FL</b>			
Suite, Apt. #, etc. <b>SUITE # 306</b>		Suite, Apt. #, etc. <b>SUITE # 306</b>		08012005 Chg-P CR2E034 (10/03)	
City & State <b>NORTH PALM BEACH FL</b>		City & State <b>NORTH PALM BEACH FL</b>		4. FEI Number <b>342026520</b>	
Zip <b>33408</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GARCIA, BRADFORD J 6501 CHASEWOOD DR STE F JUPITER, FL 33458</b>				7. Name and Address of New Registered Agent Name <b>BRADFORD J GARCIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>6501 CHASEWOOD DR.</b> City <b>JUPITER</b> FL Zip Code <b>33458</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.  SIGNATURE  DATE <b>8-1-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, BRADFORD J 6501 CHASEWOOD DR STE F JUPITER, FL 33458	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARSCH, THEODORE 4850 SABLE PINE CIR APT D2 W PALM BCH, FL 33417	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: 			Date <b>8-1-05</b> Daytime Phone # <b>800-644-5594</b>		

# ATTACHMENT

50059791  
# P04 000166362

To Florida Department of State,

Please be advised that Hamilton Financial Advisors, Inc. only received the notice of Annual Report on June 2nd, 2005. Therefore, Hamilton Financial Advisors, Inc. was not able to return the form to you in a timely manner. Please accept our annual report at this time along with the \$150.00 payment. If you should have any questions please contact us at the number below.

Thank you,

Ted Karsch, Vice President  
Hamilton Financial Advisors, Inc.  
11911 US Highway One, Ste. 306  
North Palm Beach, FL 33408  
1-800-644-5594