2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000009894

Entity Name: HAMILTON MARKETING, INC.

FILED Jan 07, 2008 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|--|---------------------------------|---|---|--|
| | ACON COVE ERS, FL 339 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | IHARDT DR E MISSION, K | (S 662053328 US | | | |
| FEI Number | : 65-0396083 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | l Address of | Current Registered Agent: | Name and Address of | f New Registered Agent: | |
| 2711 CEN SUITE 400 | TERVILLE RO | | | | |
| | e named entity e of Florida. | submits this statement for the | purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electro | onic Signature of Registered Ag | ent | Date | |
| Election Car | mpaign Financi | ng Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | HAMILTON, S | ON COVE LANE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | PD (HAMILTON, B 15210 GRAN/ LEAWOOD, K | ADA | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | HAMILTON, L 5836 REINHA | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | VD (HAMILTON, J |) Delete OYCE W | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LAURIE J HAMILTON VSTD 01/07/2008

12990 BEACON COVE LANE

FORT MYERS, FL 33919

Address:

City-St-Zip: