

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000081039																																										
1. Entity Name HAMILTON-MALONE CORP.																																										
Principal Place of Business 31958 US 19 N PALM HARBOR, FL 34684	Mailing Address 31958 US 19 N PALM HARBOR, FL 34684	 02252005 No Chg-P CR2E034 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 59-3211491</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-3211491	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																					
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DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent MCQUOWN, EILEEN 930 HIGHVIEW DR PALM HARBOR, FL 34683		DO NOT WRITE IN THIS SPACE																																								
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%; padding: 2px;">TITLE</td><td style="padding: 2px;">PSD</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">MCQUOWN, EILEEN</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">930 HIGHVIEW DR</td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;">PALM HARBOR, FL 34683</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"> </td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"> </td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"> </td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"> </td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"> </td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"> </td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"> </td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"> </td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"> </td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"> </td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"> </td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"> </td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"> </td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"> </td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"> </td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"> </td></tr></table>		TITLE	PSD	NAME	MCQUOWN, EILEEN	STREET ADDRESS	930 HIGHVIEW DR	CITY-ST-ZIP	PALM HARBOR, FL 34683	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<div style="text-align: right;">000000259205 03/11/05-80015-006 150.00</div> DO NOT WRITE IN THIS SPACE
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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 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: <u>Eileen McQuown</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>3/3/05</u> <small>Daytime Phone #</small>																																								