2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # P94000065095 1. Entity Name HAMILTON FAMILY HOLDINGS, INC. Principal Place of Business Mailing Address 5070 N. OCEAN BLVD. 800 N. FLAGLER DR. #17A #17A RIVIERA BEACH, FL 33404 WEST PALM BEACH, FL 33401 04262005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0519524 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAMILTON, HARRY S DO NOT WRITE 800 N. FLAGLER DRIVE WEST PALM BEACH, FL 33401 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. Signature, typed or printed name of registered egent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE HAMILTON, HARRY S NAME STREET ADDRESS 5070 N. OCEAN BLVD., #17A CITY-ST-ZIP RIVIERA BEACH, FL 33404 TITLE DVST HAMILTON, LEE C NAME U00000349215 05/02/05-80056-007 150.00 STREET ADDRESS 5070 N. OCEAN BLVD., #17A CITY-SY-ZIP RIVIERA BEACH, FL 33404 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 a graddress, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED