2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000065095

1. Entity Name
HAMILTON FAMILY HOLDINGS, INC.

Principal Place of Business	Mailing Address
~~5070 N. OCEAN BLVD.~~ *805 Harbour* ~~#17A~~ *Isles Place* ~~RIVIERA BEACH, FL 33404~~ *NORTH PALM BEACH, FL 33410*	800 N. FLAGLER DR. ~~#17A~~ WEST PALM BEACH, FL 33401 US

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01132006   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0519524	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, HARRY S
800 N. FLAGLER DRIVE
WEST PALM BEACH, FL 33401

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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 agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE	DP	
NAME	HAMILTON, HARRY S	*805 Harbour Isles Place*
STREET ADDRESS	~~5070 N. OCEAN BLVD., #17A~~	*North Palm Bch*
CITY-ST-ZIP	~~RIVIERA BEACH, FL 33404~~	*FL 33410*
TITLE	DVST	
NAME	HAMILTON, LEE C	
STREET ADDRESS	~~5070 N. OCEAN BLVD., #17A~~	
CITY-ST-ZIP	~~RIVIERA BEACH, FL 33404~~	
TITLE		
NAME	*805 Harbour Isles Place*	
STREET ADDRESS	*North Palm Beach, FL 33410*	
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____   2/23/06   561 651 3115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Harry Hamilton