2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 23, 2004 8:00 am Secretary of State **DOCUMENT # 757295** 1. Entity Name 04-23-2004 90222 041 ****75.00 WILLIAMS GROUP HOME INC. Principal Place of Business Mailing Address 20921 NW 31ST AVENUE MIAMI FL 33056 20921 NW 31ST AVENUE MIAMI FL 33056 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2252629 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Clide Mae Levilliams & Deborah Corter-Evans WILLIAMS, CLIDE MAE 20921 NW 31ST AVE MIAMI FL MIAMI 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 Clide Mae Williams FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition WILLIAMS, CLIDE MAE NAME NAME 20921 NW 31ST AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33056 CITY-ST-ZIP CITY-ST-ZIP CEOD TITLE ☐ Delete TITLE ☐ Change ☐ Addition CARTER-EVANS, DEBORAH NAME NAME 20921 NW 31ST AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33056 CITY-ST-ZIP CITY-ST-7/P TITLE Delete Secretory ☐ Addition JOHNSON, LOIS Johnson, Lois 2400 NW NAME NAME 1911 NW 154TH ST STREET ADDRESS STREET ADDRESS CITY-ST-7iP MIAMI FL 33034 CITY-ST-ZIP Miami, Florida Treasurer TITLE ☐ Delete TITLE ☐ Change Addition Laronda williams NAME NAME Miomii Florida STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33054 Director TITLE Addition ☐ Delete TITLE Cynthia Evons NAME NAME 9640 NW 7th Circle # 2032 Plontation, Fla 83324 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 617, 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.

FILED