


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90029 001 *****8.75
 07-11-2006 90029 002 ***150.00

DOCUMENT # P04000001322	
1. Entity Name WILLIAM A. HAWTHORNE ASSOCIATES, INC.	

Principal Place of Business 4874 HAMPSHIRE CT. SUITE 302 NAPLES, FL 34112	Mailing Address 4874 HAMPSHIRE CT SUITE 302 NAPLES, FL 34112
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2. Principal Place of Business 706 Willowood Lane Suite, Apt. #, etc.	3. Mailing Address 706 Willowood Lane Suite, Apt. #, etc.
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City & State NAPLES, FL	City & State NAPLES, FL
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Zip 34108	Country USA	Zip 34108	Country USA
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07052006 Chg-P CR2E034 (11/05)

4. FEI Number
04-3076593

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KELLY, CHARLES M JR 2390 TAMiami TRAIL NORTH SUITE 204 NAPLES, FL 34103	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

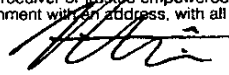
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAWTHORNE, WILLIAM A		NAME HAWTHORNE WILLIAM A	
STREET ADDRESS 4874 HAMPSHIRE CT SUITE 302		STREET ADDRESS 706 Willowood Lane	
CITY-ST-ZIP NAPLES, FL 34112		CITY-ST-ZIP NAPLES, FL 34108	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  **239-591-2691**
 _____ **July 5, 2006** **207-348-2200**
Signature and typed or printed name of signing officer or director Date Daytime Phone #