


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # F02000005995 1. Entity Name I. WILLIAMS ASSOCIATES, INC.	
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Principal Place of Business 600 W JOHN ST STE 200 HICKSVILLE, NY 11801	Mailing Address 600 W JOHN ST STE 200 HICKSVILLE, NY 11801
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DO NOT WRITE IN THIS SPACE



02262008 No Chg-P CR2E034 (11/05)

4. FEI Number 11-2735976	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

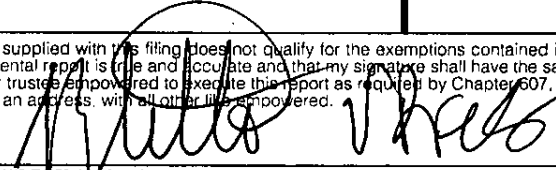
6. Name and Address of Current Registered Agent ELETTO, JOHN J 2100 S OCEAN LANE APT 1212 FORT LAUDERDALE, FL
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ELETTO, JOHN 600 W JOHN ST SUITE 200 HICKSVILLE, NY 11801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ELETTO, JOSEPH 600 WEST JOHN ST SUITE 200 HICKSVILLE, NY 11801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ELETTO, ROBERT 600 WEST JOHN ST SUITE 200 HICKSVILLE, NY 11801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SELLARS, LINDA 600 WEST JOHN ST SUITE 200 HICKSVILLE, NY 11801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000845805 03/18/08-80002-020 150.00</p> 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 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: 	Date: 2/20/08 Daytime Phone: 516 937-3950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	