2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State DOCUMENT # F06000000847 03-05-2007 90066 041 ***150.00 JAY S. WILLIAMS & ASSOCIATES, INC. 60020784 Principal Place of Business Mailing Address 8345 NW 66TH ST 1921 W WILSON ST # 9256 STE A 448 BATAVIA, IL 60510-1680 MJAMI, FL 33166-2626 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1211 COURT STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 02282007 Chg-P CR2E034 (12/06) City & State CLEARWATER 4. FEI Number 2 387962 City & State Applied For Not Applicable 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 INCORPORATING SERVICES, LTD. Street Address (P.O. Box Number is Not Acceptable) 1540 GLENWAY DR TALLAHASSEE, FL 32301 ٠, City 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, typed or printed name of registered agent 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 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PC TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WILLIAMS, JAY S NAME STREET ADDRESS 1921 W WILSON ST - STE A 448 STREET ADDRESS CITY-ST-ZIP BATAVIA, IL 605101680 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED Mar 05, 2007 8:00 am

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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.

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JAVS. WILLIAMS PRESIDENT GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR