

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003613

FILED
Jan 11, 2007
Secretary of State

Entity Name: BILL ANDERSON & ASSOCIATES, INC.

Current Principal Place of Business:

7600 APPLING CENTER DRIVE
SUITE 101
MEMPHIS, TN 38133

New Principal Place of Business:

Current Mailing Address:

7600 APPLING CENTER DRIVE
SUITE 101
MEMPHIS, TN 38133

New Mailing Address:

FEI Number: 62-1150947 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NELSON, LANCE
156 RACHEL ROAD
SANA ROSA, FL 32459 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDERSON, BILL
Address: 7600 APPLING CENTER DRIVE SUITE 101
City-St-Zip: MEMPHIS, TN 38133

Title: V () Delete
Name: ANDERSON, JEFF
Address: 7600 APPLING CENTER DRIVE SUITE 101
City-St-Zip: MEMPHIS, TN 38133

Title: S (X) Delete
Name: ANDERSON, RUTH
Address: 7600 APPLING CENTER DRIVE SUITE 101
City-St-Zip: MEMPHIS, TN 38133

Title: T (X) Delete
Name: ANDERSON, CHARLES
Address: 7600 APPLING CENTER DRIVE SUITE 101
City-St-Zip: MEMPHIS, TN 38133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ANDERSON, WILLIAM T PRESIDE
Address: 7600 APPLING CENTER DRIVE WUITE 101
City-St-Zip: MEMPHIS, TN 38133

Title: VICE (X) Change () Addition
Name: ANDERSON, JEFF VICE
Address: 7600 APPLING CENTER DRIVE SUITE 101
City-St-Zip: MEMPHIS, TN 38133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM T. ANDERSON

PRES

01/11/2007

Electronic Signature of Signing Officer or Director

_____ Date