2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002256

Entity Name: WILLIAMS ISLAND HOLDINGS, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
4000 ISLAND BLVD PH2 AVENTURA, FL 33160					
Current Mailing Address:			New Mailing Address:		
4000 ISLAND BLVD PH2 AVENTURA, FL 33160					
FEI Number: 6	65-0665393	FEI Number Applied For () FEI Nur	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and A	Address of C	urrent Registered Agent:	Name and	Address of N	ew Registered Agent:
CORPORATION SEVICES COMPANY 1201 HAYES STREET TALLAHASSEE, FL 32301 US					
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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	CD () TRUMP, EDDIE 4000 ISLAND BI AVENTURA, FL		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	EVPD () LIEB, JAMES M 4000 ISLAND BI AVENTURA, FL		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	C () TRUMP, JULIUS 4000 ISLAND BI AVENTURA, FL	_VD PH2	Title: Name: Address: City-St-Zip:	()	Change ()Addition
Title: Name: Address: City-St-Zip:	EVP () MATUS, ALAN 4000 ISLAND BI AVENTURA, FL		Title: Name: Address: City-St-Zip:	()	Change ()Addition
Title: Name: Address: City-St-Zip:	AVP () TORPEY, CARIT 4000 ISLAND BI AVENTURA, FL	LVD PH2	Title: Name: Address: City-St-Zip:	()	Change ()Addition
Title: Name: Address: City-St-Zip:	SVP () ELEBERT, DON 4000 ISLAND BI AVENTURA, FL	_VD PH2	Title: Name: Address: City-St-Zip:	SVP (X) ELBERT, DONA 4000 ISLAND BL AVENTURA, FL	VD PH2

I hereby certify that the information supplied with this filing does not qualify 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: JAMES M LIEB EVP 04/14/2009