2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# H76705

Entity Name: EDWARD J. WILLIAMS, D.M.D., P.A.

Current Principal Place of Business:

6836 S.FLA.AVE.
P.O.BOX 6985 (33807)
LAKELAND, FL 338133315

New Principal Place of Business:

6836 S.FLA.AVE.
LAKELAND, FL 338133315

Current Mailing Address:

6836 S.FLA.AVE.
P.O.BOX 6985 (33807)
LAKELAND, FL 338133315

New Mailing Address:

6836 S.FLA.AVE.
LAKELAND, FL 338133315

FEI Number: 59-2591248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, EDWARD J.
6836 S.FLA.AVE.
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

WILLIAMS, EDWARD J.
6836 S.FLA.AVE.
LAKELAND, FL 33813 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: EDWARD J. WILLIAMS 04/30/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: WILLIAMS, EDWARD J.,
Address: 6836 S.FLA.AVE.
City-St-Zip: LAKELAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: EDWARD J. WILLIAMS PST 04/30/2007
Electronic Signature of Signing Officer or Director Date