2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 01, 2006 08:00 AN **Secretary of State** 1. Entity Name TED R. WILLIAMS ENTERPRISES, INC. Principal Place of Business Mailing Address 2636 22 ST. N. 2636 22 ST. N. ST. PETERSBURG, FL 33713 ST. PETERSBURG, FL 33713 01132006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2896003 Not Applicable \$8.75 narage in 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent STEIN, HENRY A DO NOT WRITE 501 1ST AVE NO., SUITE 1000 SAINT PETERSBURG, FL 33701 IN THIS SPACE 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. 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 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. ப்பெபண்களை After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS n TITLE WILLIAM, TED NAME 2636 22ND STREET NORTH STREET ADDRESS U00000452087

SAINT PETERSBURG, FL 33713 CHY-ST-ZIP **PVTS** NAME WILLIAMS, TED R 2636 22ND STREET NORTH STREET ADORESS SAINT PETERSBURG, FL 33713 CITY-ST-7/P

18/11/n6-80012-021 150.00

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #