2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010954

FILED Feb 18, 2008 Secretary of State

Entity Name: WILLIAMS & ASSOCIATES CONSULTANT FIRM INC

Current Principal Place of Business: New Principal Place of Business: 550 SW 10TH AVE HOMESTEAD, FL 33030 **Current Mailing Address: New Mailing Address:** 550 SW 10TH AVE HOMESTEAD, FL 33030 FEI Number: 20-8036522 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JIMMIE L. WILLIAMS MINISTRIES, INC 550 SW 10TH AVE HOMESTEAD, FL 33030 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WILLIAMS, JIMMIE L III Name: Name: 550 SW 10TH AVE Address: Address: City-St-Zip: HOMESTEAD, FL 33030 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WILLIAMS, SHERANDA L Name: Address: 550 SW 10TH AVE Address: City-St-Zip: HOMESTEAD, FL 33030 City-St-Zip: Title: () Delete Title: (X) Change () Addition SOUVENIR, EVANGELA J Name: BUSH, BERNADINE Name: 3015 N.W. 49 STREET Address: 1007 VIRGINIA AVE Address: City-St-Zip: CLEWISTON, FL 33440 City-St-Zip: MIAMI, FL 33142 Title: VΡ () Delete Title: (X) Change () Addition Name: WILLIAMS, DEBRA Name: BUSH IV, JAMES D COO Address: 7061 GLENWOOD DR. Address: 3015 N.W. 49 STREET City-St-Zip: BOYTONA BEACH, FL 33435 City-St-Zip: MIAMI, FL 33142

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIMMIE L. WILLIAMS, III Ρ 02/18/2008