2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000016424

Entity Name: WILLIAMS ASSET CONVERSION, INC.

FILED Apr 16, 2009 Secretary of State

	Principal Place	of Business:	New Principal Place	of Business:
13498 W. LARGO, F	ALSINGHAM RE FL 33774)		
Current N	/lailing Address	s:	New Mailing Addres	s:
13498 W. LARGO, F	ALSINGHAM RE FL 33774)		
FEI Number	r: 36-4511858	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
13498 W <i>A</i> LARGO, F		PAD	ourpose of changing its registere	d office or registered agent, or both,
in the Stat	e of Florida.			
SIGNATU	RE:			
	Electroni	c Signature of Registered Ag	ent	Date
Election Ca		c Signature of Registered Agr Trust Fund Contribution ().	ent	Date
		Trust Fund Contribution ().		Date ES TO OFFICERS AND DIRECTORS
	mpaign Financing	Trust Fund Contribution (). CORS: Delete SKY, LISA GHAM ROAD		
OFFICER Title: Name: Address:	mpaign Financing S AND DIRECT D () GRILLO-RODET 13498 WALSING LARGO, FL 337	Trust Fund Contribution (). ORS: Delete SKY, LISA GHAM ROAD 74 Delete FF GHAM RD	ADDITIONS/CHANG Title: Name: Address:	ES TO OFFICERS AND DIRECTORS
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	D () GRILLO-RODET 13498 WALSING LARGO, FL 337 PD () PETRACCO, JEI 13498 WALSING LARGO, FL 337	Trust Fund Contribution (). ORS: Delete SKY, LISA SHAM ROAD 74 Delete FF SHAM RD 774 US Delete LEN SHAM RD	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	ES TO OFFICERS AND DIRECTORS () Change () Addition
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	D () GRILLO-RODET 13498 WALSING LARGO, FL 337 PD () PETRACCO, JEI 13498 WALSING LARGO, FL 337 VD () PETRACCO, ELI 13498 WALSING LARGO, FL 337	Trust Fund Contribution (). TORS: Delete SKY, LISA SHAM ROAD 74 Delete FF SHAM RD 74 US Delete LEN SHAM RD 774 US Delete LEN SHAM RD 774 US Delete LEN SHAM RD SHAM RD SHAM RD SHAM RD SHAM RD SHAM RD	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	ES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition

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: ELLEN PETRACCO VPD 04/16/2009