2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# P02000035677

Entity Name: SHELI WILLIAMS, P.A.

Current Principal Place of Business:

214 WEEPING ELM LANE
LONGWOOD, FL 32779

New Principal Place of Business:

6673 EDGEWORTH DRIVE
ORLANDO, FL 32819

Current Mailing Address:

214 WEEPING ELM LANE
LONGWOOD, FL 32779

New Mailing Address:

6673 EDGEWORTH DRIVE
ORLLANDO, FL 32819

FEI Number: 04-3630031 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, SHELI
214 WEEPING ELM LANE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

WILLIAMS, SHELI
6673 EDGEWORTH DRIVE
ORLANDO, FL 32819 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: SHELI WILLIAMS 04/19/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: WILLIAMS, SHELI
Address: 214 WEEPING ELM LANE
City-St-Zip: LONGWOOD, FL 32779

Title: VT ( ) Delete
Name: WILLIAMS, WILLIAM J
Address: 214 WEEPING ELM LANE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: WILLIAMS, SHELI
Address: 673 EDGEWORTH DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: VT (X) Change ( ) Addition
Name: WILLIAMS, WILLIAM J
Address: 6673 EDGEWORTH DRIVE
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHELI WILLAIMS PS 04/19/2005
Electronic Signature of Signing Officer or Director Date