
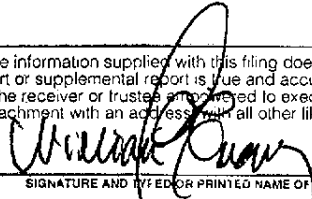


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000094722</b>		
1. Entity Name WILLIAM INVESTMENT CORP.		
Principal Place of Business 3803 POND APPLE DRIVE WESTON, FL 33332 US		Mailing Address 3803 POND APPLE DRIVE WESTON, FL 33332 US
<b>DO NOT WRITE IN THIS SPACE</b>		
03102005 No Chg-P CR2E034 (10/03)		
4. FEI Number 68-0564089		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
TAUREZ, WILLIAM E 3803 POND APPLE DR. WESTON, FL 33332		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		UN00000265207 03/16/05-80045-017 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TUAREZ, WILLIAM E 3803 POND APPLE DRIVE WESTON, FL 33332	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MORA BRIONES, ANGELA JANETH 3803 POND APPLE DRIVE WESTON, FL 33332	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
12. I hereby certify that the information supplied with this filing does not qualify 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 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, but all other like empowered.		
SIGNATURE:  <b>William Tuarez</b>		3-15-05
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>