2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 04, 2007 08:00 AM Secretary of State DOCUMENT # P03000121246 1. Entity Namo WILLIAM TEMPLE INC Principal Place of Business Mailing Address 5322 WENDLEE'S COURT PO BOX 1546 WINDERMERE FL 34786 ORLANDO FL 32812 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 20-0349431 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo TEMPLE, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 5322 WENDLEE'S COURT ORLANDO FL 32812 Zip Code 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 little r applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. IIILE IIILE Change ☐ Addition ☐ Delete TEMPLE, WILLIAM NAME NAME 5322 WENDLEE'S COURT STREET ADDRESS STREET ADDRESS ORLANDO FL 32812 CITY-SI-ZIP CITY-S1-ZIP U00000688584 Change TITLE ☐ Defete TITLE ☐ Addition 04/11/07-80001-006 150.00 NAME STREET ADDRESS STREET ADORESS CITY-SI-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deleie ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY SI ZIP CITY-ST-ZIP ☐ Addition HITLE Defete TITL F ☐ Change NAME STREET ADDRESS STREET ADDRESS C11Y-S1-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME: NAME STHEET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S[-ZIP

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

1/-/.

FILED