2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007
Secretary of State

DOCUMENT# P04000060487

Entity Name: BUSBY,MARSHBURN & WILLIAMS, INC.

Current Principal Place of Business:

2220 E IRLO BRONSON MEMORIAL HWY UNIT #3
KISSIMMEE, FL 34741

New Principal Place of Business:

2220 E IRLO BRONSON MEMORIAL HWY
UNIT#3
KISSIMMEE, FL 34744

Current Mailing Address:

2220 E IRLO BRONSON MEMORIAL HWY UNIT #3
KISSIMMEE, FL 34741

New Mailing Address:

2220 E IRLO BRONSON MEMORIAL HWY
UNIT
KISSIMMEE, FL 34744

FEI Number: 34-2032832 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

D'LUGO, EVE H
120 BROADWAY STE 206
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BUSBY, DIANE
Address: 2973 WHITE CEDAR CIRCLE
City-St-Zip: KISSIMMEE, FL 34741

Title: D ( ) Delete
Name: MARSHBURN, DWYNIA
Address: 1514 LEOPARD CT
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: WILLIAMS, SHEILA
Address: 1880 N CRYSTAL LAKE DR #9
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DWYNIA MARSHBURN D 02/20/2007

Electronic Signature of Signing Officer or Director — Date