## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000067042

City-St-Zip:

CLEARWATER, FL 33765

Entity Name: WILLIAMS CREATIVE GROUP, INC.

FILED Apr 18, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	ISET POINT R	OAD		
#52 CLEARW/	ATER, FL 337	65		
Current IV	Mailing Addres	SS:	New Mailing Address	:
2060 SUN #52	ISET POINT R	OAD		
CLEARW	ATER, FL 337	65		
FEI Number	: 20-1103086	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of (	Current Registered Agent:	Name and Address of	New Registered Agent:
2060 SUN #52	S, COLETTE T ISET POINT R ATER, FL 337			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	WILLIAMS, LE	POINT ROAD, #52	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	WILLIAMS, CO	POINT ROAD, #52	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	WILLIAMS, LE	POINT ROAD, #52	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address:	WILLIAMS, CO	) Delete DETTE T POINT ROAD. #52	Title: ( Name: Address:	( ) Change ( ) Addition

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.

City-St-Zip:

SIGNATURE: COLETTE T. WILLIAMS S,T 04/18/2006