


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000160409	
1. Entity Name MARSHALL WILLIAMS & JAMERSON FEAD INC	

Principal Place of Business 1259 VERA LANE TALLAHASSEE, FL 32310	Mailing Address 1259 VERA LANE TALLAHASSEE, FL 32310
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
WILLIAMS, MARSHALL 1259 VERA LANE TALLAHASSEE, FL 32310	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____	

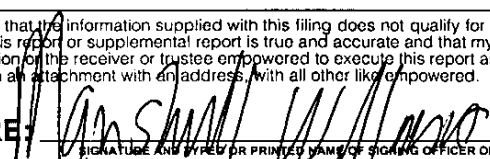
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DAVID	NAME	
STREET ADDRESS	1259 VERA LANE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	CITY-ST-ZIP	

TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEAD, JAMERSON	NAME	
STREET ADDRESS	1259 VERA LANE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	CITY-ST-ZIP	

TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYSON, JIMMY	NAME	
STREET ADDRESS	1259 VERA LANE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
SIGNATURE 		Date _____ Daytime Phone # _____	

FILED
06 MAY -5 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05052006 Chg-P CR2E034 (11/05)

4. FEI Number 11-3734239	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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05/22/06--01047--008 **150.00