## 2008 FOR PROFIT CORPORATION

## FILED Apr 02, 2008 8:00 am Secretary of State

ANNUAL REPORT							Secretary or State				
DOCUMENT # P05000010260  1. Entity Name C.M. WILLIAMS CONSULTING, INC.								04-02-2008	_		
						A STATE OF THE PARTY OF THE PAR	4				
Principal Place of Business Mailing Address							_				
595 N COURTENAY PKWY SUITE 202				595 N COURTENAY PKWY SUITE 202			l .				
MERRITT ISLAND, FL 32953			M	MERRITT ISLAND, FL 32953							
						<del></del>					
2. Principal Place of Business - No P.O. Box #				3. Mailing Address				88186 BIĞİL BBIĞ BBILL BBI			
Suite, Apt. #, etc.			s	Suite, Apt. #, etc.			03142008	Chg-P	CR2E03	34 (12/06)	
City & State			C	City & State			4. FEI Numbe				plied For
Zip	Zip Country		Zip Coun		ntry	20-2229749			Not Applicable  \$8.75 Additional		
- <del></del> -					000	,	5. Certificate	of Status Desired		ee Required	
	6. Name	and Address of Current	t Regist	ered Agent	<b>.</b>		7. Name and	Address of New R	egistered A	gent	
ERESE G	ARV R					Name					
FRESE, GARY B 930 S HARBOR CITY BLVD						Street Address (P.O. Box Number is Not Acceptable)					
STE 505 MELBOURNE, FL 32901											
MELBOUR	TINE, FL 3	2901				City				Zip Code	
<i>:</i>						City			FL		
	named entity tions of regist	y submits this statement f	or the pu	urpose of changing its	s register	ed office or registe	red agent, or bot	h, in the State of Flo	rida. I am f	amiliar with,	and accept
u io obligat	dorio or regiot	orda agom.									
SIGNATURE.	Signature, typed	or printed name of registered agen	t and the if	applicable (NOI	fE: Registere	ed Agent signature require	d when reinstating)		DATE		<del></del>
						•			<del></del> -		
		FEE IS \$150.00 8 Fee will be \$550	.00	<ol><li>Election Campa Trust Fund Con</li></ol>			.00 May Be ded to Fees				-
10.		OFFICERS AND	DIREC	TORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	5 IN 11
TITLE	D Delete TI									☐ Change	Addition
NAME STREET ADDRESS	WILLIAMS, C. MARTIN   595 N COURTENAY PKWY SUITE			2	NAN	ME EET ADDRESS					
CITY-ST-ZIP	MERRITT ISLAND, FL 32953			-		r-ST-ZIP					
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NAME STREET ADORESS					NAM STR	AE EET ADDRESS					
CITY-ST-ZIP						Y-ST-ZIP					-
12. I hereby	certify that th	e information supplied wi	th this fil	ling does not qualify f	or the ex	emptions containe	d in Chapter 119	, Florida Statutes. I	further cert	ify that the in	ntormation
of the co	rporation or th	rt or supplemental report he receiver or trustee em	<del>powe</del> ced	d to execute this repor	t as requ	ature shall have the iired by Chapter 60	same legal effec 7, Florida Statute	t as it made under a s; and that my nam	oatn; that I a e appears ir	ım an officer n Block 10 oı	or airector Block 11 if
changed	i, or on an atta	achment with an addless	, with a	other like empowered	<b>J</b> .			<b>\$</b> /			
SIGNAT	rure:	(+34)	<b>~</b>	$\langle \  \  \  \rangle$				<u>-20-08</u>	)		
		SIGNATURE MOTYPE OF	PRINTED	NAME OF SIGNING OFFICE	R OR DIREC	TOR		Date	D	ayume Prione #	