


2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
06-26-2006 90001 031 ***150.00
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA *SW*

DOCUMENT # P05000030685					
1. Entity Name WILLIAM THOMAS SERVICES, INC.					
Principal Place of Business 115 ISLAND SHORES DR GREENACRES, FL 33413 2765 C Ashley Dr. West Palm Beach, FL 33415			Mailing Address 115 ISLAND SHORES DR GREENACRES, FL 33413 2765 C Ashley Dr. West Palm Beach, FL 33415		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2443577	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, WILLIAM 115 ISLAND SHORES DR GREENACRES, FL 33413 2765 C Ashley Dr. West Palm Beach, FL 33415			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: <i>William Thomas</i> 33415 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, WILLIAM 115 ISLAND SHORES DR GREENACRES, FL 33413 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>William E. Thomas</i> 6/2/06 561-788310 Signature and typed or printed name of signing officer or director Date Daytime Phone #					

Document corrected per Delora Wynter. *SW*