2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000031973

Entity Name: CHRISTOPHER A. WILLIAMS, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

443 S.W SISTERS WELCOME RD. LAKE CITY, FL 32025

Current Mailing Address: New Mailing Address:

443 S.W SISTERS WELCOME RD. 443 S.W SISTERS WELCOME RD. LAKE CITY, FL 32025 US LAKE CITY, FL 32025

FEI Number: 56-2511692 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAMS, CHRISTOPHER A

539 N.W RIDGE GLN

WELLBORN, FL 32094 US

WILLIAMS, CHRIS A PRES

443 SW SISTERS WELCOME RD

LAKE CITY, FL 32025 US

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: CHRIS WILLIAMS 04/29/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition WILLIAMS, CHRISTOPHER A WILLIAMS, CHRIS A PRES Name: Name: 539 N.W RIDGE GLN Address: 443 SW SISTERS WELCOME RD Address: City-St-Zip: WELLBORN, FL 32094 US City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information supplied with this filing does not qualify 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: CHRIS WILLIAMS P 04/29/2009