2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000128750

Entity Name: WILLIAM E. THOMAS, INC.

FILED Jun 17, 2009 Secretary of State

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

451 ALTAMONTE DRIVE SUITE 1275

ALTAMONE SPRINGS, FL 32701 US

Current Mailing Address: New Mailing Address:

451 ALTAMONTE DRIVE 2103 SOUTH CITRUS CIRCLE SUITE 1275 ZELLWOOD, FL 32798 US

ALTAMONE SPRINGS, FL 32701 US

FEI Number: 20-5679592 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:

THOMAS, WILLIAM 451 ALTAMONTE DRIVE SUITE 1275

ALTAMONE SPRINGS, FL 32701 US

THOMAS, WILLIAM E 2103 SOUTH CITRUS CIRCLE ZELLWOOD, FL 32798 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: WILLIAM E THOMAS 06/17/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST () Delete Title: PVST (X) Change () Addition

Name:THOMAS, WILLIAMName:THOMAS, WILLIAM EAddress:451 ALTAMONTE DRIVE SUITE 1275Address:2103 SOUTH CITRUS CIRCLECity-St-Zip:ALTAMONE SPRINGS, FL 32701 USCity-St-Zip:ZELLWOOD, FL 32798 US

Title: D () Delete Title: D (X) Change () Addition

Name:THOMAS, WILLIAMName:THOMAS, WILLIAM EAddress:451 ALTAMONTE DRIVE SUITE 1275Address:2103 SOUTH CITRUS CIRCLECity-St-Zip:ALTAMONE SPRINGS, FL 32701 USCity-St-Zip:ZELLWOOD, FL 32798 US

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: WILLIAM E THOMAS PVST 06/17/2009