



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 28, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000070634 1. Entity Name WM. ARTHUR AND ASSOCIATES, INC.	
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Principal Place of Business 800 DOUGLAS ROAD SUITE 303 CORAL GABLES, FL 33134 US	Mailing Address 800 DOUGLAS ROAD SUITE 303 CORAL GABLES, FL 33134 US
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DO NOT WRITE IN THIS SPACE



08222007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0527301	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 ARTHUR, BRUCE A 800 DOUGLAS RD SUITE 303 CORAL GABLES, FL 33134	DO NOT WRITE IN THIS SPACE
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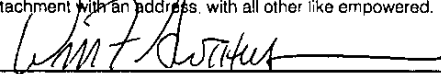
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	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		<p>U00000772889 08/28/07-80007-025 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE	P	
NAME	ARTHUR, WILLIAM F	
STREET ADDRESS	1265 S. ALHAMBRA CIRCLE, UNIT B	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	V	
NAME	ARTHUR, ALISON M	
STREET ADDRESS	1265 S. ALHAMBRA CIRCLE, UNIT B	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	D	
NAME	ARTHUR, WILLIAM H	
STREET ADDRESS	800 DOUGLAS RD, #303	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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:  **22 AUG 07** **(305) 753-5057**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #