2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000067943

Entity Name: J.H. WILLIAMS INVENTIONS INC.

261 SE VOLKERTS TERRACE

PORT SAINT LUCIE, FL 34983

Address:

City-St-Zip:

FILED Apr 14, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 261 SE VOLKERTS TERRACE PORT SAINT LUCIE, FL 34983 US **Current Mailing Address: New Mailing Address:** 261 SE VOLKERTS TERRACE PORT SAINT LUCIE, FL 34983 US FEI Number: 65-0686622 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, JAMES 261 VOLKÉRTS TERRACE PORT SAINT LUCIE, FL 34983 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete () Change () Addition WILLIAMS, BONNIE M Name: Name: 261 S E VOLKERTS TERRACE Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34983 City-St-Zip: Title: Title: () Change () Addition () Delete WILLIAMS, JAMES H Name: Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES H. WILLIAMS PRES 04/14/2006