2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000096481

FILED May 06, 2007 Secretary of State

Entity Name: WILLIAMS DIGNITARY & PROTECTION SERVICE, INC.

| Current Principal Place of Business: | New Principal Place of Business: |
|---|---|
| 8228 RAVENCROFT DR TAMPA, FL 33615 US | |
| Current Mailing Address: | New Mailing Address: |
| P O BOX 172176 TAMPA, FL 33672 US | |
| FEI Number: 59-3478324 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, REGINALD J 8228 RAVEN CROFT DR TAMPA, FL 33615 US | |
| The above named entity submits this statement for in the State of Florida. | the purpose of changing its registered office or registered agent, or both, |
| SIGNATURE: | |
| Electronic Signature of Registere | d Agent Date |
| Election Campaign Financing Trust Fund Contribution ($$) | . |
| OFFICERS AND DIRECTORS: | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |
| Title: PD () Delete Name: WILLIAMS, REGINALD J Address: 8228 RAVEN CROFT DR City-St-Zip: TAMPA, FL 33615 | Title: () Change () Addition Name: Address: City-St-Zip: |

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: REGINALD J. WILLIAMS PD 05/06/2007