2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000100330

Entity Name: BILL THOMPSON ENTERPRISES, INC.

FILED Jan 13, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

| Current Principal Place of Business: New P | incipal Place of Business: |
|--------------------------------------------|----------------------------|
|--------------------------------------------|----------------------------|

4736 BLANDING BV 4736 BLANDING BV

JACKSONVILLE, FL 32210 JACKSONVILLE, FL 322107327

Current Mailing Address: New Mailing Address:

P.O. BOX 350210

JACKSONVILLE, FL 322350210

FEI Number: 59-3609298 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:

HALL, GEORGE H. G ESQ HALL, GEORGE H. G ESQ 4736 BLANDING BV 4736 BLANDING BV

JACKSONVILLE, FL 32210 US JACKSONVILLE, FL 322107327 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: 01/13/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

DP () Delete Title: PD (X) Change () Addition THOMPSON, WILLIAM W III Name: THOMPSON, WILLIAM W III 3653 VICTORIA LAKES DR E Address: 3653 VICTORIA LAKES DR E

Address: 3653 VICTORIA LAKES DR E
City-St-Zip: JACKSONVILLE, FL 322265879
Address: 3653 VICTORIA LAKES DR E
City-St-Zip: JACKSONVILLE, FL 322265879
JACKSONVILLE, FL 322265879

() Delete Title: Title: (X) Change () Addition THOMPSON, PAMELA R THOMPSON, PAMELA R Name: Name: 3653 VICTORIA LAKES DR E 3653 VICTORIA LAKES DR E Address: Address: JACKSONVILLE, FL 32226 JACKSONVILLE, FL 32226 City-St-Zip: City-St-Zip:

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

 Name:
 HALL, GEORGE H. G ESQ
 Name:
 HALL, GEORGE H. G

 Address:
 4736 BLANDING BV
 Address:
 4736 BLANDING BV

 City-St-Zip:
 JACKSONVILLE, FL 32210
 City-St-Zip:
 JACKSONVILLE, FL 32210

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 W THOMPSON PD 01/13/2009