2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2005 8:00 am Secretary of State

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DOCUMENT. #.S43471 1. Entity Name WILLIAM B. HUMPHREYS & ASSOCIATES, INC.					03-24-2005 90031 042 ***150.00				
Principal Place 6617 SW 64 S. MIAMI, FL	CT.	Mailing Address 6617 SW 64 CT. S. MIAMI, FL 33143				400380		. 21517 01511 570	11 49 1 17 1 84 4
2. Principal Pl	lace of Business 48 STREET	3. Mailing Address	85tree	<u> </u>					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03022005	Chg-P	CR2E03	34 (10/03)	
City & State	Jum Beach	City & State			4. FEI Number 65-0257		-بد ن	-	pplied For ot Applicable
33402	-2813 Country US	Zip	Country			f Status Desired		8.75 Add	ditional
<u> </u>	6. Name and Address of Current I	Registered Agent	· · ·		7. Name and A	Address of New	Registered A	aent	
			Name				9	J	
			Street /	ddress (P.O. Box Number	is Not Acceptab	ole)		
			City				FL	Zip Code	e
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office of	r register	ed agent, or both	, in the State of F	Florida. I am f	amiliar with,	and accept
	**								
SIGNATURE_	Signature, beyond or printed name of registered attent a	nd title if applicable (NOT	E: Registered Agent signs	ture required	when reinstaling)		DATE		
SIGNATURE_	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signa	ture required	when reinstating)		DATE		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-205

561-494-2970

Daytime Phone #