## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 13, 2006 8:00 am Secretary of State

DOCUMENT.# \$43471  1. Entity Name WILLIAM B. HUMPHREYS & ASSOCIATES, INC.							90075 004 ***150	0.00
Principal Place of Business Mailing Address				l	31.00			
431 48 STRE WEST PALM	EET BEACH, FL 33407-2813	431 48 STREET WEST PALM BEACH, FL 33407-2813						
0.04-4-10		T n Ad 21 A 4 /	Marillan Addison					
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address			8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	8   18   18   18   18   18   18   18	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03072006	Chg-P	CR2E034 (11/05)	
City & State		City & State			4. FEI Number 65-0257	599	<del> +-`</del>	optied For of Applicable
Zip	Country	Zip	Coun	try	5. Certificate of	Status Desired	\$8.75 Add	
	6. Name and Address of Current	Registered Agent	<u>'</u>		7. Name and A	ddress of New Re	egistered Agent	
BATULE, GLORIA, C.P.A.				Name				
728 N. LE JEUNE ROAD SUITE 440 MIAMI. FL 33126				Street Address (P.O. Box Murgber is Not Acceptable)			)	
MINIMI, FL	33120		City		_	·	<b>□1</b> Zip Cod	e
				,		'a tha China at Ma	FL   `	
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  Signatury typed of printed name or registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstaing)  DATE								
/-	Signature typed or printed matrix printed agents	and the napplicable. (NO)	E. nogistate	o Again signature required	- Wilet (Sitstating)			
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0		.00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CI	HANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITLE			TITLE				☐ Change	Addition ·
NAME STREET ADDRESS			1	ET ADORESS				
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		-ST-ZIP					
TITLE	VP Delete TITL					☐ Change	☐ Addition	
NAME			NAM					
STREET ADDRESS CITY-ST-ZIP			ET ADDRESS -ST-ZIP					
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NAME			NAM	1				
STREET ADDRESS				ET ADORESS				!
CITY-ST-ZIP				-ST-ZIP		<del></del>		
TITLE NAME		☐ Defete	TITLE				Change	Addition
STREET ADORESS				ET ADDRESS				
CITY-\$T-ZIP	_	·	CITY	-ST-ZIP				
TITLE	☐ Delete 11TL					☐ Change	Addition	
NAME ATREET LODGE			NAM					
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NAME			NAM	l l				
STREET ADORESS				ET ADORESS				
CITY-ST-ZIP	W. D. 441-746-1-2	auto gair		-ST-ZiP	11-06	Flaciala Communication	forther position that it	
12. I hereby o	certify that the information supplied with on this report or supplemental report is	unis tiling goes not qualify for true and accurate and that	or the ext my signa	emptions contained ture shall have the	i in Chapter 119, I same legal effect a	riorida statutes. I as if made under o	normer certify that the fi bath; that I am an officer	or director

12. I hereby certify that the information supplied with this filling does not quality 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 directo 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 changed, or on an attachment with an address with all other like empowered.

**SIGNATURE** 

MA LATERICE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LINDEN

3/7/06

*305-528*