2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# 239977

Entity Name: WILLARD GRAPHICS, INC.

Current Principal Place of Business:

7520 SW 58 AVE
SOUTH MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

PO BOX 566299
MIAMI, FL 33256

New Mailing Address:

FEI Number: 59-0916794 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, PHILIP
7520 SW 58 AVE
SOUTH MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: JOHNSON, KEVIN
Address: 800 LAUREL OAK DR SUITE 400
City-St-Zip: NAPLES, FL 34108

Title: STD ( ) Delete
Name: SCHAEFER, LYNNE
Address: 12085 SW 65 AVE
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete
Name: JOHNSON, CHRISTOPHER R
Address: 7200 ALMEDA ROAD #325
City-St-Zip: HOUSTON, TX 770542147

Title: PD ( ) Delete
Name: JOHNSON, PHILIP A
Address: 7520 SW 58 AVE
City-St-Zip: SOUTH MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LYNNE SCHAEFER STD 01/21/2009

Electronic Signature of Signing Officer or Director Date