2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 08:00 AM Secretary of State DOCUMENT # K39805 1. Entity Name WILLEN, INC. Principal Place of Business Mailing Address 110 SEAGATE ROAD 110 SEAGATE ROAD PALM BEACH, FL 334B0 PALM BEACH, FL 33480 US 01162006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For FEI Number 65-0076632 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEGRAY, WILLIAM G DO NOT WRITE 110 SEAGATE ROAD PALM BEACH, FL 33480 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOWIIL FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 3JTIS NAME DEGRAY, WILLIAM G 110 SEAGATE ROAD STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 U00000396423 01/30/06-80009-013 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TALE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZiP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-71P TITLE NAME STREET ADDRESS COV-ST-ZO TITLE

12. Thereby certify that the information supplied with this filling does not qualify 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 director of the corporation or the receiver or trustee empowered to execute this reportface equired 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 propowered.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-1606