

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000079227</b>					
<b>1. Entity Name</b> WILLS INK, LLC					
<b>Principal Place of Business</b> 4829 SOUNDSIDE DRIVE GULF BREEZE, FL 32563			<b>Mailing Address</b> 4829 SOUNDSIDE DRIVE GULF BREEZE, FL 32563		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02272007    Chg-LLC    CR2E083 (12/06)	
<b>4. FEI Number</b> NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SMITH, ROMILDA A 4829 SOUNDSIDE DRIVE GULF BREEZE, FL 32563			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE <i>Romilda A Smith</i>		<i>President</i>		DATE <i>2-28-07</i>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, ROMILDA A 4829 SOUNDSIDE DRIVE GULF BREEZE, FL 32563	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>			U000000658871 03/16/07-80007-003 50.00		
SIGNATURE: <i>Romilda A Smith</i>			<i>2-28-07</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date    Daytime Phone #		