2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000053022

Entity Name: GIU-WILL ENTERPRISES INC.

FILED Mar 08, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

450 STATE ROAD 13N SUITE 428

ST JOHNS, FL 32259

Current Mailing Address: New Mailing Address:

450 STATE ROAD 13N SUITE 428 ST JOHNS, FL 32259

FEI Number: 01-0694176 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOFFMANN, WILLIAM E JR 450 STATE ROAD 13N SUITE 428 ST JOHNS, FL 32259 US

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.

III the State of Flori

SIGNATURE: Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPST

Name: HOFFMANN, WILLIAM E JR Address: 450 STATE ROAD 13N, SUITE # 428

City-St-Zip: ST JOHNS, FL 32259

Title: D

Name: HOFFMANN, ROBERT A
Address: 1424 WEST SHAPPHIRE DRIVE
City-St-Zip: HOFFMAN ESTES, IL 60192

Title: D

Name: LOY, BILL

Address: 450 STATE ROAD 13N, SUITE # 428

City-St-Zip: ST JOHNS, FL 32259

Title: [

Name: HOFFMANN, JOHN A
Address: 100 W. CHESTNUT, APT. 2507

City-St-Zip: CHICAGO, IL 60610 US

Title: [

Name: ARCHIBALD, JAY
Address: 4833 SADDLEHORN TRAIL
City-St-Zip: MIDDLEBURG, FL 32068

Title: D

Name: LEVY, JACQUES

Address: 5615 LAKE SHORE VILLAGE CIRCLE City-St-Zip: LAKE WORTH, FL 33463 US

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM E HOFFMANN JR DPST 03/08/2012