2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# P05000073114

Entity Name: ANIMATED FAMILY FILMS, INC

Current Principal Place of Business:

2855 N UNIVERSITY DRIVE
520
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

2855 N UNIVERSITY DRIVE
520
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: 06-1747143 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STURM, WILLEM J
990 CORAL RIDGE DRIVE
102
CORAL SPRINGS, FL 33071 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: P ( ) Delete
Name: STURM, WILLEM J
Address: 990 CORAL RIDGE DRIVE #102
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: VP (X) Delete
Name: CUNNINGHAM, PHILIP
Address: 990 CORAL RIDGE DRIVE #102
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: D ( ) Delete
Name: WILSON, LESTER A
Address: 890 BIRDS MILL
City-St-Zip: MARIETTA, GA 30067

Title: D ( ) Delete
Name: KOHN, ROBERT D
Address: 6165 NW 123RD LANE
City-St-Zip: PARKLAND, FL 33076

Title: D ( ) Delete
Name: LOGAN, RON
Address: 5733 MASTERS CT.
City-St-Zip: ORLANDO, FL 32819

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:

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: WILLEM J STURM P 04/14/2009

Electronic Signature of Signing Officer or Director Date