

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000051978

FILED
Mar 24, 2009
Secretary of State

Entity Name: WILAN SOLUTIONS GROUP, INC.

Current Principal Place of Business:

777 NW 72ND AVENUE
3147
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

777 NW 72ND AVENUE
3147
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 26-2685403 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN GOETHEM, IRIS
8908 NW 54TH STREET
SUNRISE, FL 33351 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: VAN GOETHEM, IRIS
Address: 8908 NW 54TH STREET
City-St-Zip: SUNRISE, FL 33351

Title: VP () Delete
Name: KARJOHN, BASIL A
Address: 8908 NW 54TH STREET
City-St-Zip: SUNRISE, FL 33351

Title: SEC () Delete
Name: CONSUELO RINCON,
Address: 18000 NW 68TH AVENUE, APT# 114
City-St-Zip: HIALEAH, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change () Addition
Name: VAN GOETHEM, IRIS L SEC
Address: 8908 NW 54TH STREET
City-St-Zip: SUNRISE, FL 33351

Title: PRES (X) Change () Addition
Name: KARJOHN, BASIL A PRES
Address: 8908 NW 54TH STREET
City-St-Zip: SUNRISE, FL 33351

Title: VP (X) Change () Addition
Name: KARJOHN, MARK A V.PRES
Address: 8908 NW 54 STREET
City-St-Zip: SUNRISE, FL 33351

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: BASIL KARJOHN

PRES

03/24/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date