2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 28, 2008 08:00 AM Secretary of State DOCUMENT # P93000052847 1. Entity Name WIL 'N JOY, INC. Principal Place of Business Mailing Address 330 E. DANIA BEACH BLVD 330 E. DANIA BEACH BLVD **DANIA FL 33004 DANIA FL 33004** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0428226 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IMONDO, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 314 S.E. 4 STREET DANIA BEACH FL 33004 Zip Code 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 grinned many of registered anert and tille if applicable (NOTE: Registered Agorit signature required when reinstaurig) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PRES** Delete TITLE TITLE Addition Change IMONDO, WILLIAM NAME NAME STREET ADDRESS 314 SE 4ST STREET ADDRESS CITY-ST-ZIP **DANIA FL 33004** CITY-ST-ZIP <u>AAAAAQQAQAQ</u> FITLE ☐ Derete TITLE 115/21/18-80099-019 CTP 7 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Derete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-219 CITY-ST-ZIP THE ☐ De ele ☐ Change ☐ Addition HAME STREET ADDRESS STREET ADDRESS OITY-ST-20 CHY-ST-ZIP TITLE Delete TITLE Addition Change NAME NAME STREET ACCRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. If 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 report as required 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 empowered.

FILED