2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# P98000025784

Entity Name: WLL, INC.

Current Principal Place of Business:

284 PARK AVE N
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

C/O NED MCLEOD
PO BOX 917412
LONGWOOD, FL 32791 US

New Mailing Address:

FEI Number: 59-3509176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCLEOD, W. EDWARD ESQ.
284 PARK AVE N
WINTER PARK, FL 32789 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: LARIMORE, WALT M.D.
Address: 18990 CONNEMARA HEIGHTS
City-St-Zip: MONUMENT, CO 80132

Title: VP ( ) Delete
Name: MCLEOD, EDWARD W
Address: 284 PARK AVENUE N
City-St-Zip: WINTER PARK, FL 32789

Title: T ( ) Delete
Name: LARIMORE, BARBARA S
Address: 18990 CONNEMARA HEIGHTS
City-St-Zip: MONUMENT, CO 80132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: LARIMORE, WALT M.D.
Address: 54 SHERWOOD GLEN SOUTH
City-St-Zip: MONUMENT, CO 80132

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: LARIMORE, BARBARA S
Address: 54 SHERWOOD GLEN SOUTH
City-St-Zip: MONUMENT, CO 80132

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: BARBARA S. LARIMORE T 05/01/2008

Electronic Signature of Signing Officer or Director Date