2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S02443

FILED Mar 16, 2009 Secretary of State

Entity Name: WIL-BAR BOWLING SUPPLIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 609 CRATER LANE TAMPA, FL 33619 US **Current Mailing Address: New Mailing Address:** 609 CRATER LANE TAMPA, FL 33619 US FEI Number: 59-3052469 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: WILSON, WILLIAM A. WILSON, WILLIAM A. 10628 WALKER VISTA DR 10628 WALKER VISTA DR RIVERVIEW, FL 33569 RIVERVIEW, FL 33578 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: 03/16/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BARINEAU, KENNETH E., , JR Name: Name: 1117 TEAKWOOD AVE Address: Address: City-St-Zip: TAMPA, FL City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: WILSON, WILLIAM A., Name: WILSON, WILLIAM A., 10628 WALKER VISTA DR Address: 10628 WALKER VISTA DR Address: RIVERIVEW, FL 33569 RIVERIVEW, FL 33578 City-St-Zip: 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: WILLIAM A. WILSON DIR 03/16/2009