FILED
May 07, 2004 8:00 am
Secretary of State
05-07-2004 90134 024 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000032894

1. Entity Name
WHITE TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
2708 ALT 19 NORTH SUITE 602 PALM HARBOR, FL 34863	2708 ALT 19 NORTH SUITE 602 PALM HARBOR, FL 34863

54053477

05052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2708 Alt 19 N	687 Alderman Road
Suite, Apt. #, etc. Suite 507	Suite, Apt. #, etc. #231
City & State Palm Harbor, FL	City & State Palm Harbor, FL
Zip 34683 Country USA	Zip 34683 Country USA

4. FEI Number 59-3641654 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, ERIC
280 MAPLE AVE.
PALM HARBOR, FL 34683

7. Name and Address of New Registered Agent

Name: Jason Brunk
Street Address (P.O. Box Number is Not Acceptable): 739 Haven Place
City: Tarpon Springs FL Zip Code: 34689

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 ______ (signed) 5-2-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITE, ERIC 280 MAPLE AVE. PALM HARBOR, FL 34684	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUNK, JASON 37061 US 19 NORTH LOT 95 PALM HARBOR, FL 34684	☐ Delete	TITLE President NAME Jason Brunk STREET ADDRESS 739 Haven Place CITY-ST-ZIP Tarpon Springs, FL 34689	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I 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.

SIGNATURE: ______ (signed) 5-2-04 727-771-2577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #