

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000077271

FILED
Feb 23, 2006
Secretary of State

Entity Name: WHITE HOUSE SOLUTIONS, INC

Current Principal Place of Business:

8112 MAIDENCANE DRIVE
TRINITY, FL 34655

New Principal Place of Business:

Current Mailing Address:

8112 MADIDENCANE DRIVE
TRINITY, FL 34655

New Mailing Address:

8112 MAIDENCANE DRIVE
TRINITY, FL 34655

FEI Number: 20-1115000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, CHAD
8112 MAIDENCANE DRIVE
TRINITY, FL 34655 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: PRES () Delete
Name: WHITE, CHAD
Address: 8112 MADIDENCANE DRIVE
City-St-Zip: TRINITY, FL 34655

Title: VP/S () Delete
Name: WHITE, LESLI
Address: 8112 MADIDENCANE DRIVE
City-St-Zip: TRINITY, FL 34655

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WHITE, CHAD
Address: 8112 MAIDENCANE DRIVE
City-St-Zip: TRINITY, FL 34655

Title: VP (X) Change () Addition
Name: ANDERSON, WAYNE
Address: 8112 MAIDENCANE DRIVE
City-St-Zip: TRINITY, FL 34655

Title: S/T () Change (X) Addition
Name: WHITE, LESLI
Address: 8112 MAIDENCANE DRIVE
City-St-Zip: TRINITY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the 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: CHAD WHITE

PRES

02/23/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date