
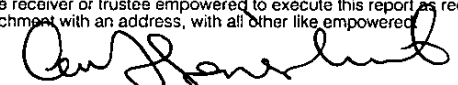


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90012 005 \*\*\*150.00

DOCUMENT # P06000068705					
1. Entity Name WHITE LUMINA, INC.					
Principal Place of Business 371 CHANNELSIDE WALKWAY #902 TAMPA, FL 33602			Mailing Address 371 CHANNELSIDE WALKWAY #902 TAMPA, FL 33602		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4890567	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LYONS, GARY W 311 SOUTH MISSOURI AVENUE CLEARWATER, FL 33756			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State: <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DANISHMENT, CEM J		NAME		
STREET ADDRESS	371 CHANNELSIDE WALKWAY #902		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP		
TITLE	SVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DANISHMENT, MARIANNA I		NAME		
STREET ADDRESS	371 CHANNELSIDE WALKWAY #902		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			3/14/07 813-8364010 x:1		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**ATTACHMENT**

**DOCUMENT # P06000068705**



1. Entity Name  
**WHITE LUMINA, INC.**

Principal Place of Business  
**371 CHANNELSIDE WALKWAY  
#902  
TAMPA, FL 33602**

Mailing Address  
**371 CHANNELSIDE WALKWAY  
#902  
TAMPA, FL 33602**

40038946

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

Applied For

20-4890567

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LYONS, GARY W  
311 SOUTH MISSOURI AVENUE  
CLEARWATER, FL 33756**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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  
PTD  
DANISHMENT, CEM J  Delete  
371 CHANNELSIDE WALKWAY #902  
TAMPA, FL 33602

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVD  
DANISHMENT, MARIANNA I  Delete  
371 CHANNELSIDE WALKWAY #902  
TAMPA, FL 33602

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

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 Change  Addition

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SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/07

Date

813-8364010 x1

Daytime Phone #

ATTACHMENT

40038946

~~#06000068705~~

WHITE LUMINA INC.  
1-877-WLUMINA  
CHANNEL DISTRICT  
TAMPA, FL 33602

5152

Date 3/14/07

63-27/631 FL  
160

Pay to the Order of FLORIDA DEPARTMENT of STATE \$ 150.00

One hundred fifty Dollars

Bank of America



ACH R/T 063100277

FBI For 20-4890567

*[Handwritten Signature]*

Security features on this check. Check on back.