2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2007 08:00 AM Secretary of State

ANNUAL REPORT						
Mailing Address						
PO BOX 227035 DORAL, FL 33172	US					
	Mailing Address PO BOX 227035	Mailing Address				



DO NOT WRITE IN THIS SPACE 4. FEI Number 59-1976363 Applied For 59-1976363 Not Applied For 59-1976363 5. Certificate of Status Desired \$8.75 Additional Fee Required WHITING, G.W.B., III

13300 SW 63RD AVE	DO NOT WRITE
PINECREST, FL 33156	IN THIS SPACE

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 obliga	itions of registered agent.						
SIGNATURE	Signature, typed or printed name of registered agent and little	If applicable. (NOTE: Registered	Agent signatur	required when reinstating)	DATE		
Fil After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITING, GEORGE W B, III 13300 S.W. 63RD AVE PINECREST, FL 33156	,			UCCOCCTOCCT .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000700974 04/20/07-80040-004 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby o	ertify that the information supplied with this fill	no ones for grighty for the ever	ntions con	tained in Chanter 110	Florida Statutes I further certify that the information		

indicated on this report or supplied with this filing goes fot qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the regarder 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: SUSNATURE AND TYPED OF

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.06.2007

305-594-581

Daytime Phone #