


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90160 029 \*\*\*150.00

<b>DOCUMENT # 663373</b> 1. Entity Name <b>D. WHITE &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>2155 WEST JEFFERSON ST. STE. AA5 QUINCY, FL 32351</b>			Mailing Address <b>2155 WEST JEFFERSON ST. STE. AA5 QUINCY, FL 32351</b>		
2. Principal Place of Business, No. P.O. Box # <b>110 3RD STREET SW</b>		3. Mailing Address <b>P.O. BOX 1228</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>HAVANA, FL</b>		City & State <b>HAVANA, FL</b>		4. FEI Number <b>59-1961203</b>	
Zip <b>32333</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32333</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SPAHN, RICHARD A 2600 SW LAKE WEIR AVE OCALA, FL 34471</b>				7. Name and Address of New Registered Agent  Name <b>SPAHN, RICHARD A.</b> Street Address <b>12700 SW 112th St. Rd.</b> City <b>DUNNELLON</b> FL <b>34432</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, DONALD 3660 QUINCY PL GAINESVILLE, GA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WHITE, LOUISE 3660 QUINCY PL GAINESVILLE, GA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, ROBERT A 11944 E. HARVARD AVENUE AURORA, CO	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE: <u>Donald A. White</u> DONALD A. WHITE 4/20/07 678-316-0920</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dairvine Phone #</small>					

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