

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006384

Entity Name: WHISPER JET, INC.

FILED
Jul 09, 2004
Secretary of State

Current Principal Place of Business:

1173 E 29TH STREET
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

12515 WILLOWS RD NE
SUITE 200
KIRKLAND, WA 98034

New Mailing Address:

FEI Number: 91-1595949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLEN, PATRICK E
1173 E 29TH STREET
SANFORD, FL 32773

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: PCEO () Delete
Name: MALLEN, PATRICK E
Address: 770 OAKLAND HILLS CIRCLE #102
City-St-Zip: LAKE MARY, FL 32746

Title: S () Delete
Name: HALVORSON, BRENDA
Address: HWY 64/GRAND CANYON NAT'L PARK AIRPORT
City-St-Zip: GRAND CANYON, AZ 860230455

Title: C () Delete
Name: HALVORSON, ELLING
Address: 12515 WILLOW ROAD N.E. SUITE 200
City-St-Zip: KIRKLAND, WA 98034

Title: VP () Delete
Name: HALVORSON, LON A
Address: 12515 WILLOWS RD NE SUITE 200
City-St-Zip: KIRKLAND, WA 98034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICK E. MALLEN

PCEO

07/09/2004

Electronic Signature of Signing Officer or Director

Date