2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 28, 2004 08:00 AM **Secretary of State DOCUMENT # F02000001259** 1. Entity Name WOODLANDS WHISPERING PINES, INC. Principal Place of Business Mailing Address 1800 ST. JAMES PLACE, SUITE 206 HOUSTON, TX 77056 1800 ST. JAMES PLACE, SUITE 206 HOUSTON, TX 77056 01052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 41-2030257 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 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 9. Election Campalgn Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CDPS NAME EASTERLING, JAMES M JR. STREET ADDRESS 1800 ST. JAMES PLACE, SUITE 206 U00000016406 01/28/04-80055-003 150.00 CITY -ST-ZIP HOUSTON, TX 77056 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY - ST - Z!P TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under eath; 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 much an address, with all other (keepingowered.

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STREET ADDRESS CITY ST- 7IP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

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