2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 24, 2005 08:00 AM Secretary of State **DOCUMENT # F02000001259** WOODLANDS WHISPERING PINES, INC. Principal Place of Business __ Mailing Address 1800 ST. JAMES PLACE, SUITE 206 1800 ST. JAMES PLACE, SUITE 206 HOUSTON, TX 77056 HOUSTON, TX 77056 CR2E034 (10/03) 01052005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 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 Agont signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE CDPS EASTERLING, JAMES M JR. NAME STREET ADDRESS 1800 ST. JAMES PLACE, SUITE 206 000000193749 91/25/05-80073-011 150.00 CITY-ST-ZIP HOUSTON, TX 77056 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-SI-2iP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 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 altiother like empowered.

SIGNATURE:

CITY-ST-ZIP 1006 NAME STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/05

FILED