


2006 FOR PROFIT CORPORATION ANNUAL REPORT

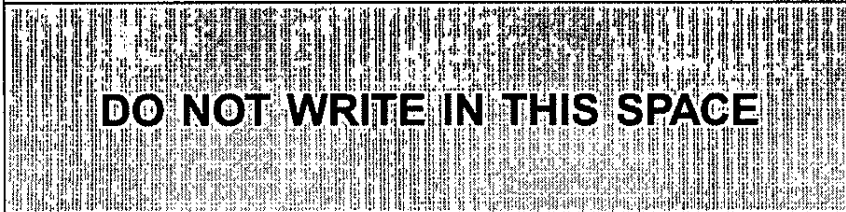

FILED
Jul 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000001379

1. Entity Name
GANDER & WHITE SHIPPING INC.



Principal Place of Business 21-44 44TH ROAD LONG ISLAND CITY, NY 11101	Mailing Address 21-44 44TH ROAD LONG ISLAND CITY, NY 11101
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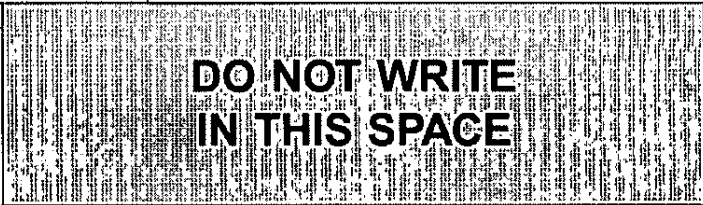



07142006 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3318616	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**INCORPORATING SERVICES, LTD
 1540 GLENWAY DRIVE
 TALLAHASSEE, FL 32301**



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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP WHITE, PATRICK 21-44 44TH ROAD LONG ISLAND CITY, NY 11101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAQUE, MICHAEL 21-44 44TH ROAD LONG ISLAND CITY, NY 11101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CANNON, PAUL 21-44 44TH ROAD LONG ISLAND CITY, NY 11101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIVALL, GERALD 21-44 44TH ROAD LONG ISLAND CITY, NY 11101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAKE, IAIN 21-44 44TH ROAD LONG ISLAND CITY, NY 11101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETIT, FRANCIS 21-44 44TH ROAD LONG ISLAND CITY, NY 11101



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.

SIGNATURE: *Francis Petit* July 14, 2006 718-784-8444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #