

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001379

FILED
Jul 07, 2008
Secretary of State

Entity Name: GANDER & WHITE SHIPPING INC.

Current Principal Place of Business:

21-44 44TH ROAD
LONG ISLAND CITY, NY 11101

New Principal Place of Business:

Current Mailing Address:

21-44 44TH ROAD
LONG ISLAND CITY, NY 11101

New Mailing Address:

FEI Number: 13-3318616 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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: CP () Delete
Name: WHITE, PATRICK
Address: 21-44 44TH ROAD
City-St-Zip: LONG ISLAND CITY, NY 11101

Title: D () Delete
Name: JAQUE, MICHAEL
Address: 21-44 44TH ROAD
City-St-Zip: LONG ISLAND CITY, NY 11101

Title: DS () Delete
Name: CANNON, PAUL
Address: 21-44 44TH ROAD
City-St-Zip: LONG ISLAND CITY, NY 11101

Title: D () Delete
Name: DIVALL, GERALD
Address: 21-44 44TH ROAD
City-St-Zip: LONG ISLAND CITY, NY 11101

Title: D () Delete
Name: LAKE, IAIN
Address: 21-44 44TH ROAD
City-St-Zip: LONG ISLAND CITY, NY 11101

Title: D () Delete
Name: PETIT, FRANCIS
Address: 21-44 44TH ROAD
City-St-Zip: LONG ISLAND CITY, NY 11101

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: D (X) Change () Addition
Name: HOWELL, OLIVER
Address: 21-44 44TH ROAD
City-St-Zip: LONG ISLAND CITY, NY 11101

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 exemption stated 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 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: IAIN LAKE

_____ Electronic Signature of Signing Officer or Director

MR

07/07/2008

_____ Date