

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F03000003326

Entity Name: WHITE STAR DEVELOPMENT INC

FILED
Sep 07, 2005
Secretary of State

Current Principal Place of Business:

16812 TOLEDO BLADE BLVD
PORT CHARLOTTE, FL 33953

New Principal Place of Business:

Current Mailing Address:

1260 N. DUTTON AVENUE STE. 270
SANTA ROSA, CA 95401

New Mailing Address:

FEI Number: 42-1591726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STILLWAGON, JOE
16812 TOLEDO BLADE BLVD.
PORT CHARLOTTE, FL 33953 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STILLWAGON, JOSEPH
Address: 16812 TOLEDO BLADE BLVD
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: VPD (X) Delete
Name: BURKE, DANIEL
Address: 16812 TOLEDO BLADE BLVD
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: SD (X) Delete
Name: BURKE, VICTORIA
Address: 16812 TOLEDO BLADE BLVD
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: TRED (X) Delete
Name: STILLWAGON, ROICK
Address: 16812 TOLEDO BLADE BLVD
City-St-Zip: PORT CHARLOTTE, FL 33953

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: JOSEPH STILLWAGON

PD

09/07/2005

Electronic Signature of Signing Officer or Director

Date