

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004518

FILED  
Jan 03, 2008  
Secretary of State

Entity Name: WHITECRAFT, INC.

## Current Principal Place of Business:

7350 NW MIAMI COURT  
MIAMI, FL 33150

## New Principal Place of Business:

1855 GRIFFIN ROAD  
C212  
DANIA, FL 33004

## Current Mailing Address:

4100 CAROLINA COMMERCE PARKWAY  
NORTH CHARLESTON, SC 29456

## New Mailing Address:

FEI Number: 57-0781875

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAMOS, LEON  
7350 NW MIAMI CT  
MIAMI, FL 33150 US

## Name and Address of New Registered Agent:

RAMOS, LEON  
1855 GRIFFIN ROAD  
DANIA, FL 33004 US

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: LEON RAMOS

01/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: DIZON, MANUEL A  
Address: 4100 CAROLINA COMMERCE PARKWAY  
City-St-Zip: NORTH CHARLESTON, SC 29456

Title: VC ( ) Delete  
Name: MCLAUGHLIN, GEORGE  
Address: 4100 CAROLINA COMMERCE PARKWAY  
City-St-Zip: NORTH CHARLESTON, SC 29456

Title: D ( ) Delete  
Name: BANSON, LUIS  
Address: 4100 CAROLINA COMMERCE PARKWAY  
City-St-Zip: NORTH CHARLESTON, SC 29456

Title: S ( ) Delete  
Name: MORTERA, MALOU  
Address: 4100 CAROLINA COMMERCE PARKWAY  
City-St-Zip: NORTH CHARLESTON, SC 29456

Title: AS (X) Delete  
Name: RAMOS, LEON  
Address: 4100 CAROLINA COMMERCE PARKWAY  
City-St-Zip: NORTH CHARLESTON, SC 29456

## 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: S (X) Change ( ) Addition  
Name: RAMOS, LEON MR  
Address: 4100 CAROLINA COMMERCE PARKWAY  
City-St-Zip: NORTH CHARLESTON, SC 29456

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: LEON RAMOS

S

01/03/2008

Electronic Signature of Signing Officer or Director

Date