2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008
Secretary of State

DOCUMENT# F06000006140

Entity Name: WHISPER RESORTS, INC.

Current Principal Place of Business:

3101 CLAIRMONT RD SUITE A
ATLANTA, GA 30329

New Principal Place of Business:

315 N. HWY 79
PANAMA CITY BEACH, FL 32413

Current Mailing Address:

3101 CLAIRMONT RD SUITE A
ATLANTA, GA 30329

New Mailing Address:

FEI Number: 20-5046975 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKEOWN, DARR
10515 FRONT BEACH RD TOWER 3 UNIT 1001
PANAMA CITY BEACH, FL 32407 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: P ( ) Delete
Name: MCKEOWN, R. DARR
Address: 2384 MONTVIEW DRIVE
City-St-Zip: ATLANTA, GA 30305

Title: V ( ) Delete
Name: DELOACH, JOAN
Address: 14301-C PANAMA CITY BEACH PKWY
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: S (X) Delete
Name: MCKEOWN, R. DARR
Address: 2384 MONTVIEW DR.
City-St-Zip: ATLANTA, GA 30305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COBLE, HAROLD
Address: 3875 ROLAND HAYES PKWY
City-St-Zip: CALHOUN, GA 30701

Title: S (X) Change ( ) Addition
Name: MCKEOWN, R. DARR
Address: 2384 MONTVIEW DR.
City-St-Zip: ATLANTA, GA 30305

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: HAROLD COBLE P 01/30/2008

Electronic Signature of Signing Officer or Director — Date