

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

**FILED
Mar 12, 2008 08:00 A
Secretary of State**

DOCUMENT # F0700004402
1. Entity Name
WHITE MOUNTAIN SPORTS INC



Principal Place of Business Mailing Address
**4000 N OCEAN DR ET 804
SINGER ISLAND FL 33404** **4000 N OCEAN DR ET 804
SINGER ISLAND FL 33404**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/07)
4. FEI Number **13-3106014** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**ROSENBERG, ANDREW
4000 N OCEAN DR ET 804
SINGER ISLAND FL 33404**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 or trustee, if applicable. (NOTE: Registered Agent signature required when not using)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	ROSENBERG, ANDREW	
STREET ADDRESS	4000 N OCEAN DR ET 804	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE	VOS	<input type="checkbox"/> Delete
NAME	ROSENBERG, SHARON	
STREET ADDRESS	4000 N OCEAN DR ET 804	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 employees.

SIGNATURE: *Sharon M. Rosenberg* **3/10/08 561-841-2330**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #