



**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90987 027 \*\*\*158.75

<b>DOCUMENT # F9600000010</b>					
1. Entity Name <b>WHITSYMS LIMITED INCORPORATED</b>					
Principal Place of Business <b>100 E LINTON BLVD 506 B DELRAY BCH, FL 33483 US</b>		Mailing Address <b>100 E LINTON BLVD 506 B DELRAY BCH, FL 33483 US</b>		<b>94067074</b> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04232004 Chg-P CR2E034(10/03)	
Zip		Country		4. FEI Number <b>65-0639453</b> Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ANDERSON, DONOVAN 46 GULL WAY BOYNTON BEACH, FL 33483</b>			7. Name and Address of New Registered Agent Name: <b>ANDERSON, DONOVAN B</b> Street Address (P.O. Box Number is Not Acceptable): <b>9811 SALT WATER CREEK CT.</b> City: <b>LAKE WORTH FL</b> Zip Code: <b>33467</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<del>P</del> <input checked="" type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<del>ANDERSON, DONOVAN B</del>	NAME	<b>ANDERSON, DONOVAN B</b>		
STREET ADDRESS	<del>46 GULL WAY B</del>	STREET ADDRESS	<b>9811 SALT WATER CREEK CT.</b>		
CITY-ST-ZIP	<del>BOYNTON BEACH, FL 33436</del>	CITY-ST-ZIP	<b>LAKE WORTH, FL 33467</b>		
TITLE	<del>VP</del> <input checked="" type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<del>ANDERSON BEVERLY</del>	NAME	<b>Peltzie, Kenneth G</b>		
STREET ADDRESS	<del>46 GULL WAY</del>	STREET ADDRESS	<b>2260 Rabbit Hollow circle</b>		
CITY-ST-ZIP	<del>BOYNTON BEACH, FL 33436</del>	CITY-ST-ZIP	<b>Delray Beach FL 33445</b>		
TITLE	<del>T</del> <input checked="" type="checkbox"/> Delete	TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<del>ANDERSON, DONOVAN B</del>	NAME	<b>ANDERSON, DONOVAN B</b>		
STREET ADDRESS	<del>46 GULL WAY</del>	STREET ADDRESS	<b>9811 salt water creek Ct.</b>		
CITY-ST-ZIP	<del>BOYNTON BEACH, FL 33436</del>	CITY-ST-ZIP	<b>LAKE WORTH, FL 33467</b>		
TITLE	<del>S</del> <input checked="" type="checkbox"/> Delete	TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<del>ANDERSON, KIMBERLEY D</del>	NAME	<b>ANDERSON, Kimberley O</b>		
STREET ADDRESS	<del>11050 SW 184 TERRACE</del>	STREET ADDRESS	<b>6963 Blue Skies Drive</b>		
CITY-ST-ZIP	<del>MIAMI, FL 33157</del>	CITY-ST-ZIP	<b>LAKE WORTH, FL 33463</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	<b>ANDERSON, Beverley</b>		
STREET ADDRESS		STREET ADDRESS	<b>9811 salt water creek Ct.</b>		
CITY-ST-ZIP		CITY-ST-ZIP	<b>LAKE WORTH, FL 33467</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 empowered.					
<b>SIGNATURE: Donovan Anderson, President</b> <i>D. Andeo</i> <b>4/23/04 (561)441-5390</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Daytime Phone #