

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000010

FILED
Mar 19, 2007
Secretary of State

Entity Name: WHITSYMS LIMITED INCORPORATED

Current Principal Place of Business:

100 E LINTON BLVD
506 B
DELRAY BCH, FL 33483 US

Current Mailing Address:

100 E LINTON BLVD.,
506 B
DELRAY BCH., FL 33483 US

New Principal Place of Business:

2605 W- ATLANTIC AVE.,
BLDG.,
DELRAY BCH, FL 33445 US

New Mailing Address:

2605 W- ATLANTIC AVE.,
BLDG.,
DELRAY BCH, FL 33445 US

FEI Number: 65-0639453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDERSON, DONOVAN
9811 SALT WATER CREEK CT.,
LAKE WORTH, FL 33467 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: ANDERSON, DONOVAN B
Address: 9811 SALT WATER CREEK CT.,
City-St-Zip: LAKE WORTH, FL 33467

Title: S () Delete
Name: ANDERSON, KIMBERLEY O
Address: 6963 BLUE SKIES DR.
City-St-Zip: LAKE WORTH, FL 33463

Title: T () Delete
Name: ANDERSON, DONOVAN B
Address: 9811 SALT WATER CREEK CT.,
City-St-Zip: LAKE WORTH, FL 33467

Title: VP () Delete
Name: ANDERSON, BEVERLY Y
Address: 9811 SALT WATER CREEK CT.,
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ANDERSON-DOUGLAS, KIMBERLEY O
Address: 1308 PIAZZ DELLE PALLTOLE
City-St-Zip: BOYNTON BEACH, FL 33426

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 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: D.ANDERSON

P

03/19/2007

Electronic Signature of Signing Officer or Director

Date