

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000010

FILED
Mar 03, 2009
Secretary of State

Entity Name: WHITSYMS LIMITED INCORPORATED

Current Principal Place of Business:

2605 W- ATLANTIC AVE.,
BLDG.B, #101-103B
DELRAY BCH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

2605 W- ATLANTIC AVE.,
BLDG. B, # 101-103B
DELRAY BCH, FL 33445 US

New Mailing Address:

2605 W- ATLANTIC AVE.,
BLDG.B, #101-103B
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
11890 WINDMILL LAKE DRIVE
BOYNTON BEACH,, FL 33473 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: 11890 WINDMILL LAKE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33473

Title: S () Delete
Name: ANDERSON-DOUGLAS, KIMBERLEY O
Address: 1308 PIAZZ DELLE PALLOTOLE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: T () Delete
Name: ANDERSON, DONOVAN B
Address: 11890 WINDMILL LAKE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33473

Title: VP () Delete
Name: ANDERSON, BEVERLY Y
Address: 11890 WINDMILL LAKE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33473

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: () 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: D.ANDERSON

P

03/03/2009

Electronic Signature of Signing Officer or Director

_____ Date