

2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 11, 2007
Secretary of State**

DOCUMENT# F99000000992

Entity Name: WHISPERING COVE, INC.

Current Principal Place of Business:

4466 US HWY 441 SE
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

837 DRY RIDGE RD.
VERSAILLES, KY 40383

New Mailing Address:

FEI Number: 61-1342252 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, RUBEN L
7548 NW 93 CT.
OKEECHOBEE, FL 34972 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: CP () Delete
Name: WILDER, TERRY L
Address: 837 DRY RIDGE RD.
City-St-Zip: VERSAILLES, KY 40383

Title: CST () Delete
Name: WILDER, MARY J
Address: 837 DRY RIDGE RD.
City-St-Zip: VERSAILLES, KY 40383

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARY J WILDER

CST

03/11/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date