2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 30, 2007 08:00 A Secretary of State DOCUMENT # J01707 1. Entity Name WHITE PINE RESOURCES, INC. Principal Place of Business Mailing Address 2306 WHALEY AVENUE 2306 WHALEY AVENUE US PENSACOLA, FL 32503 PENSACOLA, FL 32503 CR2E034 (11/05) 04242007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2674814 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GRASS, BARBARA S 2306 WHALEY AVENUE PENSACOLA, FL 32503 IN THIS SPACE 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000748881 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 85/17/07-80083-025 150.00 OFFICERS AND DIRECTORS 10. PD TITLE GRASS, BARBARA S NAME STREET ADDRESS 2306 WHALEY AVENUE CITY-ST-ZIP PENSACOLA, FL 32503 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7/P IN THIS SPACE TITLE 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 Chapter 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 empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP IIITE NAME STREET ADDRESS CITY-ST-ZIP