2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005
Secretary of State

DOCUMENT# N02000001153

Entity Name: WHITE 1 FOUNDATION, INC.

Current Principal Place of Business:

822 NORTH HOAGLAND BLVD.
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

822 NORTH HOAGLAND BLVD.
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 03-0390734 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TIMKEN, MARK
807 VERANDA PLACE
CELEBRATION, FL 34747 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

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	TIMKEN, MARK	
Address:	807 VERANDA PLACE	
City-St-Zip:	CELEBRATION, FL 34747	
Title:	DS	( ) Delete
Name:	LACKMAN, PETER	
Address:	710 WEST BAY STREET	
City-St-Zip:	TAMPA, FL 33606	
Title:	D	( ) Delete
Name:	RODRIQUEZ, RAMON	
Address:	166 GREENWICH ST.	
City-St-Zip:	DAVENPORT, FL 33896	
Title:	T	( ) Delete
Name:	MCKIE, MELISSA	
Address:	807 VERANDA PLACE	
City-St-Zip:	KISSIMMEE, FL 34747	

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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK TIMKEN DP 03/31/2005

Electronic Signature of Signing Officer or Director — Date