2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 14, 2008 08:00 AM **DOCUMENT # P00000047240 Secretary of State** PAUL L. WHITE & ASSOCIATES, INC. Principal Place of Business Mailing Address 7960 SW 67TH TERR. 7960 SW 67TH TERR. MIAMI, FL 33143-2622 MIAMI, FL 33143-2622 01032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1012039 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WHITE, PAUL L DO NOT WRITE 7960 SW 67TH TERR. MIAMI, FL 33143-2622 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 0000007814049. Election Campaign Financing FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 01/15/08-80033-013 150.00 10. OFFICERS AND DIRECTORS TITLE WHITE, PAUL L NAME 7960 SW 67TH TERR. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 331432622 TITLE NAME WHITE, CAROL P STREET ADDRESS 7960 SW 67TH TERR. CITY-ST-7IP MIAMI, FL 331432622 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP TITLE NAME

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:

STREET ADDRESS

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/08

(302) 1 70 -0714

Daytime Phone #

FILED