2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 17, 2006 08:00 AM Secretary of State DOCUMENT # P00000100541 Entity/Name THE SAM WHITE COMPANY Principal Place of Business Mailing Address 916 HAMPTON ROAD NOKOMIS FL 34275 916 HAMPTON ROAD NOKOMIS FL 34275 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 01-0282858 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITE, FRANCOISE Street Address (P.O. Box Number is Not Acceptable) 916 HAMPTON ROAD NOKOMIS FL 34275 City Zip Code 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 Signature, typed or printed name of registered agent and trio if applicable (NOTE: Registered Agent signature inquired when revisitating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete nne ☐ Channe Addition NAME WHITE, SHELTON'S JR NAME STREET ADDRESS 916 HAMPTON RD STREET ADDRESS CITY-ST-ZIP NOKOMIS FL 34275 CDY-ST-78 TITLE Delete ☐ Change ☐ Addition 33315 U00000438785 WHITE, FRANCOISE L NAME NAME 03/01/06-30021-001 150.00 STREET ADDRESS 916 HAMPTON RD STREET ADDRESS City-St-Zip CITY - ST - ZtP NOKOMIS FL 34275 TITLE ☐ Delete ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIFLE □ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attaction with an address, with all other like empowered.

SIGNATURE:

FILED

4/06-941-485-4741