

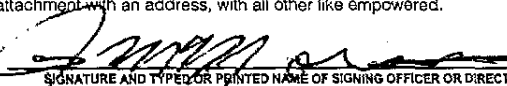


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

|  |   |  |
|--|---|--|
| <b>DOCUMENT # P01000009285</b>   |   |                                   |
| 1. Entity Name<br>WHITETHORNE PROPERTIES, INC.   |   |  |
| Principal Place of Business<br>606 BALD EAGLE DRIVE STE 500<br>MARCO ISLAND, FL 34145  | Mailing Address<br>606 BALD EAGLE DRIVE STE 500<br>MARCO ISLAND, FL 34145 |  |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   |  |
| 6. Name and Address of Current Registered Agent<br><br>WOODWARD, CRAIG R<br>606 BALD EAGLE DRIVE STE 500<br>MARCO ISLAND, FL 34145   |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| 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.<br><br>SIGNATURE  (NOTE: Registered Agent signature required when reinstating)   |   |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>CHAMBERS, KELLY<br>1834 SUMMER STREET<br>HOMMOND, IN 46320           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>MORRISON, J.M.<br>1834 SUMMER STREET<br>HAMMOND, FL 46520            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:  1/16/06<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |  |



01092006 No Chg-P CR2E034 (11/05)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br>56-2301417   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional<br>Fee Required |                               |

U00000426128  
02/20/06-80032-005 150.00

**DO NOT WRITE  
IN THIS SPACE**