## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 16, 2007 8:00 am Secretary of State DOCUMENT # P01000019696 04-16-2007 90334 007 \*\*\*150.00 1. Entity Name WHITE ROSE PRODUCTIONS, INC. Principal Place of Business Mailing Address 40064124 6649 AMORY COURT 6649 AMORY COURT STE 2 WINTER PARK, FL 32792 WINTER PARK, FL 32792 01162007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 58-2602577 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VERSCHAGE, JEFF DO NOT WRITE 6649 AMORY COURT STE 2 IN THIS SPACE WINTER PARK, FL 32792 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 FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSTD TITLE VERSCHAGE, JEFFREY NAME STREET ADDRESS 6649 AMORY COURT CITY-ST-ZIP WINTER PARK, FL 32792 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CER OR DIRECTOR

407 375-4047

**FILED**