a	.	-	
---	----------	---	--

2006 FOR PROFIT CORPORATION FILED **ANNUAL REPORT** Feb 27, 2006 08:00 AN DOCUMENT # P0100028264 **Secretary of State** 1. Entity Name WHISTLES, INC. Phncipal Place of Business Mailing Address 7717 ULMERTON RD 2972 HOLLY COURT CLEARWATER, FL 33761 LARGO, FL 33771 02062006 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3704077 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \square Fee Required 6. Name and Address of Current Registered Agent RUSSELL, KATHLEEN DO NOT WRITE 2972 HOLLY CT CLEARWATER, FL 33761 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_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) TACE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 **Trust Fund Contribution** Added to Fees 10. OFFICERS AND DIRECTORS PSTD TITLE NAME RUSSELL, KATHLEEN A 100000448830 STREET ADDRESS 2972 HOLLY COURT 03/09/06-80030-004 150.TO CITY-ST-ZIP CLEARWATER, FL 33761 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP aur NAME STREET ADDRESS 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:

ING OFFICER OR DIRECTOR

URF AND TYPED O

2-13-06 727-532-0()