
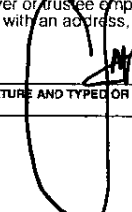


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000001676 1. Entity Name WHITE ROOM, INC.				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 JUL -6 AM 11:11	
Principal Place of Business 650 WEST AVENUE, SUITE 801 MIAMI, FL 33133		Mailing Address 650 WEST AVENUE, SUITE 801 MIAMI, FL 33133			
2. Principal Place of Business 1000 SOUTH POINT DR Suite, Apt. #, etc. SUITE 3502 City & State MIAMI BEACH FL Zip 33139 Country USA		3. Mailing Address 1000 SOUTH POINT DR Suite, Apt. #, etc. SUITE 3502 City & State MIAMI BEACH FL Zip 33139 Country USA		4. FEI Number 01-0550344 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent WAUGH, JAMES 650 WEST AVENUE, SUITE 801 MIAMI, FL 33133			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		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:  (NOTE: Registered Agent signature required when reinstating) DATE: 07-01-04			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WAUGH, JAMES <input checked="" type="checkbox"/> Delete 650 WEST AVENUE, SUITE 801 MIAMI, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WAUGH, JAMES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 SOUTH POINT DR SUITE 3502 MIAMI BEACH FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400039125954 07/14/04--01046--004 **1200.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Date: 07-01-04 Daytime Phone #		