2006 FOR PROFIT CORPORATION

SIGNATURE: 4

May 09, 2006 8:00 am Secretary of State **ANNUAL REPORT** 05-09-2006 90067 047 ***150.00 DOCUMENT # P02000004586 1. Entity Name WHITELY, INC. **40082020** Mailing Address Principal Place of Business 1500 S. FIRST ST. 846 SW MAIN BLVD LAKE CITY, FL 32025 LAKE CITY, FL 32025 04302006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0547011 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WHITELY, MARIE DO NOT WRITE 846 SW MAIN BLVD LAKE CITY, FL 32025 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WHITELY, MARIE NAME 846 SW MAIN BLVD STREET ADDRESS LAKE CITY, FL 32025 CITY-ST-7IP TITLE WHITELY, KEVIN 846 SW MAIN BLVD STREET ADDRESS CITY-ST-ZIP LAKE CITY, FL 32025 TITLE WHITELY, CARL NAME STREET ADDRESS 846 SW MAIN BLVD DO NOT WRITE LAKE CITY, FL 32025 CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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.

OFFICER OR DIRECTOR

FILED