


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90147 010 \*\*\*150.00

<b>DOCUMENT # P02000031425</b>	
1. Entity Name FIVE-WHITES, INC.	

Principal Place of Business 7008 GALLEON COVE CIRCLE PALM BEACH GARDENS, FL 33418	Mailing Address 7008 GALLEON COVE CIRCLE PALM BEACH GARDENS, FL 33418
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01162006 Chg-P CR2E034 (11/05)

4. FEI Number 68-0497352		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  WHITE, HARVEY A 7008 GALLEON COVE CIRCLE PALM BEACH GARDENS, FL 33418		7. Name and Address of New Registered Agent Name <u>Harvey A. White</u> Street Address (P.O. Box Number is Not Acceptable) <u>1508 Cypress Drive</u> City <u>Jupiter</u> <u>FL</u> Zip Code <u>33469</u>	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WHITE, HARVEY A 7008 GALLEON COVE CIRCLE PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>1508 Cypress Drive</u> <u>Jupiter, FL 33469</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITE, LINDA A 7008 GALLEON COVE CIRCLE PALM BEACH GARDENS, FL 33418 <input checked="" 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
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 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: X Harvey A White 5/20/06 561-746-8719  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #