2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000038506

1. Entity Name

WHITE ROSE AVIATION, INC.



FILED Apr 23, 2007 08:00 AN Secretary of State

Principal Place of Business

C/O JAMES A. RUTLEDGE 100 SOUTH THIRD ST. COLUMBUS, OH 43215 Mailing Address

C/O JAMES A. RUTLEDGE 100 SOUTH THIRD ST. COLUMBUS, OH 43215



DO NOT	WRITE	IN THIS	SPACE
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04102007	No Chg-P	CR2E034 (11/05)		
4. FEI Numbe	r		Applied For	
46-0474	1020	[Not Applicable	
		60.70		

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, ERIC 5550 GLADES RD., STE. 401 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the poons of registered agent.	urpose of changing its registere	d office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title i	f applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.00	9. Election Campaign Finance Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PRES COOPER, MARTIN A PRES 5500 VILLAGE BLVD. SUITE # 200 WEST PALM BEACH, FL 33407	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	• .	000000725976 05/03/07-80045-007 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		:		IN '	THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
19 I horoby o	ortify that the information cumplied with this fil	ling does not qualify for the eye	motione cor	stained in Chapter 11	G. Florida Statutes. I further certify that the information.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SMINING OFFICER OR DIRECTOR

4-17-07 (614)227-8830

JAMES 4 NUTLEDAY, SELAETHAY