


FILED
May 23, 2007 8:00 am
Secretary of State

04-30-2007 90411 044 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

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DOCUMENT # P02000086284			
1. Entity Name WHITE SANDS RECOVERY SYSTEMS, INC.			
Principal Place of Business 10300 AILERON AVE. #5 PENSACOLA, FL 32506 US		Mailing Address PO BOX 36455 PENSACOLA, FL 32516 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 74-3080534	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SUNLIN, WAYNE 3000 LANGLEY AVE #200 PENSACOLA, FL 32504		Name Wendy H. Outland Street Address (P.O. Box Number is Not Acceptable) 10300 Aileron Ave #3 City Pensacola FL Zip Code 32506	
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 <u>Wendy H. Outland</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OUTLAND, WENDY H 10300 AILERON AVE. #5 PENSACOLA, FL 32506 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Wendy H. Outland</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/27/07 (850) 456-4942 <small>Date Daytime Phone</small>	