## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 24, 2007 8:00 am Secretary of State DOCUMENT # P02000096570 04-24-2007 90008 015 \*\*\*150.00 1. Entity Name WESTERN INTERNATIONAL REAL PROPERTY HOLDINGS, INC. Principal Place of Business Mailing Address 400100--79 TOSH HALL RD P. O. BOX 15707 WEST BAY BOX 136967 ST PETERSBURG, FL 33733 GEORGE TOWN, GRAND CAYMAN, GC 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 79 Town Hall Road Suite, Apt. #, etc Suite, Apt. #, etc. 03162007 CR2E034 (12/06) Cha-P West Bay City & State 4. FEI Number Applied For City & State Grand Cayman 54-2072124 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAIRE, NANCY C Street Address (P.O. Box Number is Not Acceptable) 360 CENTRAL AVE ST PETERSBURG, FL 33701 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change BENJAMIN, BARRY B NAME NAME STREET ADDRESS BANK OF AMERICA FORT STREET STREET ADDRESS CITY-ST-ZIP GEORGE TOWN, GRAND CAYMAN, GC CITY-ST-ZIP DS TITLE ☐ Delete **3111T** ☐ Change Addition JORDISON, YVETTE NAME STREET ADDRESS BANK OF AMERICA BLDG, FORT STREET STREET ADDRESS GEORGE TOWN, GRAND CAYMAN, GC CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition BRUBAKER, RICHARD M NAME NAME STREET ADDRESS 360 CENTRAL AVE STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 33701 CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TIPLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Channe noithhA [7]

**FILED** 

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 , with all other like empowered. changed, or on an attachment with an address,

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND CAPED OR PRINTED NAMES OF Barry B. Benjamin 3/30/2007 (345) 949-6090 SEICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIE