


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90125 047 ***150.00

DOCUMENT # P03000011684	
1. Entity Name DAN WHERRETT, INC.	

Principal Place of Business 9360 SUNSET DRIVE SUITE 287 MIAMI, FL 33173	Mailing Address 9360 SUNSET DRIVE. SUITE 287 MIAMI, FL 33173
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50029704



2. Principal Place of Business P.O. Box 561671	3. Mailing Address P.O. Box 561671
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03052005 Chg-P CR2E034 (10/03)

City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33156	Zip 33156
Country USA	Country USA

4. FEI Number 59-3765329	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NICHOLS, JOHN W 9360 SUNSET DRIVE SUITE 287 MIAMI, FL 33173	
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7. Name and Address of New Registered Agent Name NICHOLS, JOHN W. Street Address (P.O. Box Number is Not Acceptable) 14890 SW 76 COURT City MIAMI FL 33158	
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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 JOHN W. NICHOLS <i>[Signature]</i> 3/5/05 DATE	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 WHERRETT, DANIEL L 5016 HARTWICK STREET LOS ANGELES, CA 90041 <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
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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 exemption stated in Section 119.07(3)(i), 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: Daniel L. Wherrett SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date (383) 203-8886 Daytime Phone #

DANIEL L. WHERRETT