

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018080

Entity Name: NINI WHYTE CORPORATION

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

5010 SW 11 ST
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

5010 SW 11 ST
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 72-1549175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOBBAN, NORMAN A
4442 INVERRARY BLVD
LAUDERHILL, FL 33319 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: WHYTE, DOLETTE A
Address: 6780 NW 69 CT
City-St-Zip: TAMARAC, FL 33321

Title: VT () Delete
Name: WHYTE, EGBERT
Address: 6780 NW 69 CT
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: WHYTE, JUDIINE
Address: 6780 NW 69 CT
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: WHYTE, SHEREEN
Address: 6780 NW 69 CT
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOLETTE WHYTE

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date