


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000028784		
1. Entity Name ZACHARY R. WHITE, P.A.		

FILED

05 AUG 30 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 220 E. MADISON STREET SUITE 1222 TAMPA, FL 33602 US	Mailing Address 220 E. MADISON STREET SUITE 1222 TAMPA, FL 33602 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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08302005 Chg-P CR2E034 (10/03)

4. FEI Number 02-0682160		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHITE, ZACHARY R ESQ. 10389 CARROLLWOOD LANE #298 TAMPA, FL 33618		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Allowed) City FL Zip Code	
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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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WHITE, ZACHARY R ESQ. P.O. BOX 17072 CLEARWATER, FL 337620072 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Zachary R. White, ESQ. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 220 E. Madison Street, Suite 1222 Tampa, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHITE, ZACHARY R ESQ. P.O. BOX 17072 CLEARWATER, FL 337620072 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same as Above <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC WHITE, ZACHARY R ESQ. P.O. BOX 17072 CLEARWATER, FL 337620072 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same as Above <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES WHITE, ZACHARY R ESQ. P.O. BOX 17072 CLEARWATER, FL 337620072 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same as Above <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	200059386162 09/07/05--01023--017 **\$150.00
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: Zachary R. White 8/30/05 (813) 223-9440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #