2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P03000079082

Entity Name: WHITE ORCHID ENTERPRISES, INC.

Current Principal Place of Business:

563 STATE ROAD 47
LAKE CITY, FL 32025

New Principal Place of Business:

1445 SW MAIN BLVD, STE 140
LAKE CITY, FL 32025

Current Mailing Address:

563 STATE ROAD 47
LAKE CITY, FL 32025

New Mailing Address:

1445 SW MAIN BLVD, STE 140
LAKE CITY, FL 32025

FEI Number: 77-0614003 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARRAMORE, CECELIA
563 STATE ROAD 47
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

LARRAMORE, CECELIA
1445 SW MAIN BLVD, STE 140
LAKE CITY, FL 32025 US

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: CECELIA W. LARRAMORE 04/29/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LARRAMORE, CECELIA
Address: 563 STATE ROAD 47
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LARRAMORE, CECELIA
Address: 1445 SW MAIN BLVD
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CECELIA W. LARRAMORE D 04/29/2008
Electronic Signature of Signing Officer or Director Date