2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000087207

1. Entity Name

WHYTE FINANCIAL GROUP, P.A.



Principal Place of Business

218 E. COMMERCIAL BLVD

SUITE 208 J

SIGNATURE:

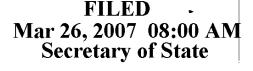
LAUDERDALE BY THE SEA, FL 33308

Mailing Address

218 E. COMMERCIAL BLVD

SUITE 208 J

LAUDERDALE BY THE SEA, FL 33308





DO NOT WRITE IN THIS SPACE

03232007	No Crig-P	CR2E034 (11)	(03)
4. FEI Number			Applied For
20-0125	359	Γ	Not Applicable
		€0 7£	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHYTE, JEFFREY 2121 S. OCEAN BLVD #704 LAUDERDALE BY THE SEA, FL 33062

DO NOT WRITE IN THIS SPACE

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	f applicable (NOTE: Registered	i Ageni signalura	required when reinstating)	DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	PTS WHYTE, JEFFREY 2121 S. OCEAN BLVD #704 LAUDERDALE BY THE SEA, FL 3306	32					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000678121 04/02/07-80020-015 150.04		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY - ST-ZIP		·			4		
12. I hereby certify that the information supplied with this filling 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 midde under oath; that I am an officer or director of the corporation or the receiver of 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 addiss, with all other like empowered.							

NTED NAME OF SIGNING OFFICER OR DIRECTOR