


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000091349 1. Entity Name WHITE OCEAN SANDS, INC.	
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Principal Place of Business % HODGSON RUSS LLP 1801 NORTH MILITARY TRAIL., SUITE 200 BOCA RATON, FL 33431	Mailing Address % HODGSON RUSS LLP 1801 NORTH MILITARY TRAIL., SUITE 200 BOCA RATON, FL 33431
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07072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0796103	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 HRAWG CORP. 1801 NORTH MILITARY TRAIL., SUITE 200 BOCA RATON, FL 33431
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ATKINSON, JOHN PSD C/O 1801 N. MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431
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<p>1100000377882 09/07/05-80019-009 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Rennida R. Walker CPA, FOR JOHN ATKINSON* **POWER OF ATTORNEY** 9/2/05 212-990-5715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #