


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90269 010 ***150.00

DOCUMENT # P04000062639

1. Entity Name
 WHITE BAY PT, INC.



Principal Place of Business
 12166 ST ANDREWS PLACE, STE 207
 MIRAMAR, FL 33025

Mailing Address
 12166 ST ANDREWS PLACE, STE 207
 MIRAMAR, FL 33025

40000491

2. Principal Place of Business
 200 SW 117 TERRA

3. Mailing Address
 200 SW 117 TERRA

Suite, Apt. #, etc.
 304

City & State
 PEMBROKE PINES, FL

City & State
 PEMBROKE PINES, FL

Zip
 33025

Country



04262006 Chg-P CR2E034 (11/05)

4. FEI Number
 20-1013659

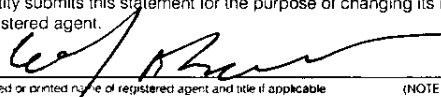
Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PANNUNZIO, LIONEL S
 12166 ST ANDREWS PLACE, STE 207
 MIRAMAR, FL 33025

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 200 SW 117 TERRA STE 304
 City
 PEMBROKE PINES FL Zip Code
 33025

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:  DATE: 04.20.06.

Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME PANNUNZIO, LIONEL S		NAME	
STREET ADDRESS 12166 ST ANDREWS PLACE, STE 207		STREET ADDRESS 200 SW 117 TERRA STE 304	
CITY - ST - ZIP MIRAMAR, FL 33025		CITY - ST - ZIP PEMBROKE PINES, FL 33025	
TITLE SD	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SFORZINI, LORENA I		NAME	
STREET ADDRESS 12166 ST ANDREWS PLACE, STE 207		STREET ADDRESS 200 SW 117 TERRA STE 304	
CITY - ST - ZIP MIRAMAR, FL 33025		CITY - ST - ZIP PEMBROKE PINES, FL 33025	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing 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 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: LIONEL S PANNUNZIO DATE: 04.20.06 DAYTIME PHONE #: 305 2263443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #