


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90216 034 ***150.00

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|--|---|
| DOCUMENT # P04000139193 1. Entity Name WHITNEY ASSOCIATES, INC. |  |
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| Principal Place of Business 14213 60TH STREET NORTH CLEARWATER, FL 33760 | Mailing Address 14213 60TH STREET NORTH CLEARWATER, FL 33760 |
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DO NOT WRITE IN THIS SPACE



04152006 No Chg-P CR2E034 (11/05)

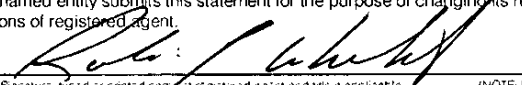
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|---|--------------------------------|
| 4. FEI Number 04-3798062 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

WHITNEY, ROBERT
14213 60TH STREET NORTH
CLEARWATER, FL 33760

**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: _____

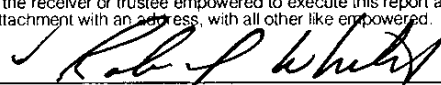
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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WHITNEY, ROBERT 14213 60TH STREET NORTH CLEARWATER, FL 33760 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PINERO, ANTHONY JR 14213 60TH STREET NORTH CLEARWATER, FL 33760 |
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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:  4/18/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #