2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000009555

WEISS, GERTRUD K

731 SILK OAK DRIVE

VENICE, FL 34293

Name:

Address:

City-St-Zip:

FILED Apr 20, 2006 Secretary of State

Entity Name: WHITEHOUSE VENICE CORPORATION						
Current Principal Place of Business:			New Princip	New Principal Place of Business:		
731 SILK C VENICE, F						
Current Mailing Address:			New Mailing	New Mailing Address:		
C/O SSI ACCOUNTING & TAX SERVICE, INC. 1500 COLONIAL BLVD. SUITE 235 FORT MYERS, FL 33907			3620 COLO	C/O SSI ACCOUNTING & TAX SERVICE, INC. 3620 COLONIAL BLVD. SUITE 230 FORT MYERS, FL 33912		
FEI Number:	20-2206800	FEI Number Applied For ()	FEI Number Not Applic	able () Certificate of Status De	esired ()	
Name and Address of Current Registered Agent:			Name and A	Name and Address of New Registered Agent:		
SSI ACCOUNTING & TAX SERVICE, INC. 1500 COLONIAL BLVD. SUITE 235 FORT MYERS, FL 33907 US			3620 COLO	SSI ACCOUNTING & TAX SERVICE, INC. 3620 COLONIAL BLVD. SUITE 230 FORT MYERS, FL 33912 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: SCHMITZ				04/20/2006		
	Electroni	ic Signature of Registered Ager	nt	Date	_	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS	AND DIRECT	rors:	ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P,D () WEISS, LUTZ B 731 SILK OAK D VENICE, FL 342	PRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	T,D () WEISS, MARLE 731 SILK OAK E VENICE, FL 342	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP,D () WEISS, BERND 731 SILK OAK E VENICE, FL 342	PRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title:	SD ()	Delete	Title:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: LUTZ WEISS Ρ 04/20/2006