


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90004 015 ***150.00

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| DOCUMENT # P05000021895 |  |
| 1. Entity Name PAUL & GAIL WHITING INVESTMENTS, INC. | |

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| Principal Place of Business 2910 BAY TO BAY BLVD., SUITE 200 TAMPA, FL 33629 | Mailing Address 2910 BAY TO BAY BLVD., SUITE 200 TAMPA, FL 33629 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01052006 Chg-P CR2E034 (11/05)

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|--|--|
| 6. Name and Address of Current Registered Agent BOGGS, E. JACKSON 501 E. KENNEDY BLVD., SUITE 1700 TAMPA, FL 33602 | |
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| 7. Name and Address of New Registered Agent | |
| Name | Paul L. Whiting, President |
| Street Address (P.O. Box Number is Not Acceptable) | Paul & Gail Whiting Investments, Inc. |
| | 2910 W. Bay to Bay Blvd #200 |
| City | Tampa FL |
| Zip Code | 33629 |

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: *Paul L. Whiting, President* DATE: 4-04-06
Signature, typed or printed name of registered agent and agent applicable. (NOTE: Registered Agent signature required when reinstating)

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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 |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WHITING, PAUL L 2910 BAY TO BAY BLVD., SUITE 200 TAMPA, FL 33629 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WHITING, GAIL F 2910 BAY TO BAY BLVD., SUITE 200 TAMPA, FL 33629 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Paul L. Whiting*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-04-06 813-314-0050
Date Daytime Phone #