

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000023253

FILED  
Jul 13, 2006  
Secretary of State

Entity Name: WHITE MARLIN HOLDINGS CORP.

**Current Principal Place of Business:**

865 NORTH COCOA BOULEVARD  
COCOA, FL 32922 US

**New Principal Place of Business:**

125 E. MERRITT ISLAND CSWY  
209-127  
MERRITT ISLAND, FL 32952 US

**Current Mailing Address:**

865 NORTH COCOA BOULEVARD  
COCOA, FL 32922 US

**New Mailing Address:**

125 E. MERRITT ISLAND CSWY  
209-127  
MERRITT ISLAND, FL 32952 US

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOWLER, BRINK & MOSES, P.A.  
25 MCLEOD STREET  
MERRITT ISLAND, FL 32953 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:                      D                      ( ) Delete  
Name:                      MOSES, ALISON J  
Address:                      25 MCLEON ST.  
City-St-Zip:                      MERRITT ISLAND, FL 32953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: ALISON MOSES

MGRM

07/13/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date