

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000072509

FILED
Jan 11, 2007
Secretary of State

Entity Name: BRIAN WHITING P.A.

Current Principal Place of Business:

5433 NE 5TH AVE.
FT. LAUDERDALE, FL 33334

New Principal Place of Business:

2895 NE 32ND STREET
#304
FT. LAUDERDALE, FL 33306

Current Mailing Address:

P.O. BOX 8484
CORAL SPRINGS, FL 33075

New Mailing Address:

FEI Number: 20-2882630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITING, BRIAN P
5433 NE 5TH AVE.
FT. LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

WHITING, BRIAN P
2895 NE 32ND STREET
#304
FT. LAUDERDALE, FL 33306 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: BRIAN WHITING

01/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WHITING, BRIAN P
Address: 5433 NE 5TH AVE.
City-St-Zip: FT. LAUDERDALE, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WHITING, BRIAN P
Address: 2895 NE 32ND STREET #304
City-St-Zip: FT. LAUDERDALE, FL 33306

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: BRIAN WHITING

P

01/11/2007

Electronic Signature of Signing Officer or Director

Date