## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2007 08:00 AM Secretary of State

DOCUMENT # P05000 1. Entity Name WHITE HOUSE GEAR OF TAM		
Principal Place of Business 615 CHANNELSIDE DRIVE 102 TAMPA, FL 33602	Mailing Address 615 CHANNELSIDE DRIVE 102 TAMPA, FL 33602	

615 CHANNE 102 Tampa, FL 3		615 Channelside Drive 102 Tampa, Fl 33602						
DO NOT WRITE IN THIS SPAC			01182007 No Chg-P CR2E034 (11/05)					
···-	6. Name and Address of Current Regi	stered Agent						
MCKEE, ELIZABETH M 1718 E 7TH AVE 301 TAMPA, FL 33605			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  Signature, typed or printed name of registered agent and title if applicable (NOTE; Registered Agent agneture required when rematating)  DATE								
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				5.00 May Be ided to Fees	U00000622461 02/13/07-80026-023 150.00			
10.	OFFICERS AND DIRE	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFIN, JANET 1703 COTTAGE FOREST CT BRANDON, FL 33510							
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				IN .	THIS SPACE			

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.

SI	G	N	AT	U	R	F:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Janet Griffin

JANET GRIFFIN

1/31/2007

813-224-10997

Daytime Phone #