

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90039 044 \*\*\*158.75

**DOCUMENT # P05000104318**

1. Entity Name  
**WHITE CLOUD MARKETING, INC.**



Principal Place of Business  
**5200 TOWN CENTER CIRCLE  
BOCA RATON, FL 33486**

Mailing Address  
**5200 TOWN CENTER CIRCLE  
BOCA RATON, FL 33486**

**66022350**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07202006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

**04-3822129**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**GELBART, TONY B  
5200 TOWN CENTER CIRCLE  
BOCA RATON, FL 33486**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **President** ☐ Delete  
NAME **Tony B. Gelbart**  
STREET ADDRESS **5200 Town Center Circle**  
CITY-ST-ZIP **Boca Raton, FL 33486**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ATTACHMENT  
66022350

July 21, 2006

Florida Department of State  
Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

RE: Document # P05000104318

White Cloud Marketing, Inc.

To Whom It May Concern:

Enclosed please find the 2006 Annual Report for the above referenced company. This report was originally filed and recorded by the Department of State on March 14, 2006. The original report did not show a FEI Number as it had been applied for. It is my understanding that a letter was later generated requesting the FEI Number. We never received that letter, therefore, I am requesting that the late filing penalty of \$400.00 be waived.

If there are any further questions or requirements, please contact either myself or Ralph D'Angelo at (561) 395-3534.

Regards,

A handwritten signature in black ink, appearing to read "Tony B. Gelbart". The signature is stylized with a large, sweeping initial "T" and a cursive-style name.

Tony B. Gelbart  
President

Encl.

rm