


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90028 047 \*\*\*150.00

<b>DOCUMENT # P05000106439</b> 1. Entity Name <b>WHITMILL INVESTMENTS INC.</b>																													
Principal Place of Business <b>21422 BRIDGEVIEW DRIVE BOCA RATON, FL 33428</b>			Mailing Address <b>21422 BRIDGEVIEW DRIVE BOCA RATON, FL 33428</b>																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
4. Filing Number <b>20-3229356</b>			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>																										
6. Name and Address of Current Registered Agent <b>LERNER, IRA 21422 BRIDGEVIEW DRIVE BOCA RATON, FL 33428</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
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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.																													
<b>SIGNATURE:</b> <u>Mark Lerner</u> <span style="float: right;">Date: <u>2/10/06</u> Daytime Phone #: <u>914-629-6280</u></span>																													