

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-23-2006 90010 038 ***150.00

DOCUMENT # P0500011229 1. Entity Name WHALOU PROPERTIES MANAGEMENT, INC.					
Principal Place of Business 125 WORTH AVE., SUITE 220 PALM BEACH, FL 33480		Mailing Address 125 WORTH AVE., SUITE 220 PALM BEACH, FL 33480			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		02102006 Chg-P CR2E034 (11/05)	
City & State		City & State		4. FEI Number 20-3310834	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES INC 2 S BISCAYNE BLVD SUITE 3400 MIAMI, FL 33131				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 \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIPP, TIMO 400 ROYAL PALM WAY SUITE 206 PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 125 Worth Avenue, Suite 220 PALM BEACH, FL 33480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 OF OFFICER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/15/06 (561)655-3466 Date Daytime Phone #		

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