

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000128815

**FILED**  
**Mar 25, 2008**  
**Secretary of State**

**Entity Name:** ASHMEAD & WHITE CONSULTING, INC.

**Current Principal Place of Business:**

324 LOWER MAHOGANY RUN  
ST. THOMAS, VI 00802 VI

**New Principal Place of Business:**

MEGANS RIDGE  
UNIT NUMBER 4  
ST. THOMAS, VI 00802 VI

**Current Mailing Address:**

1763 STARGAZER TERR  
SANFORD, FL 32771

**New Mailing Address:**

2004 BAKERY SQUARE  
PMB 50  
ST. THOMAS, VI 00802 VI

FEI Number: 20-3517059

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WASSERMAN, GAIL  
1763 STARGAZER TERR  
SANFORD, FL 32771 US

**Name and Address of New Registered Agent:**

CFRA, LLC  
4221 WEST BOY SCOUT BOULEVARD  
TAMPA, FL 336075736 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: CFRA, LLC BY DENNIS J. OLLE, ESQ.

03/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: WASSERMAN, GAIL  
Address: 324 LOWER MAHOGANY RUN  
City-St-Zip: ST. THOMAS, VI 00802 VI

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST (X) Change ( ) Addition  
Name: WASSERMAN, GAIL  
Address: 2004 BAKERY SQUARE, PMB 50  
City-St-Zip: ST. THOMAS, VI 00802 VI

I hereby certify that the information supplied with this filing does not qualify 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: GAIL WASSERMAN

DPST

03/25/2008

Electronic Signature of Signing Officer or Director

Date