Date: 2/16/;

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2006 FOR PROFIT CORPORATION ANNUAL REPORT	i	Mar 06, 2006 8:00 an Secretary of State
IMENT # P05000160508	A CHICAGO	03-06-2006 90006 010 ***150 00

DOCUMENT # P05000160 1. Enitly Name WHIDDEN INVESTMENTS, INC.)5U8		03-06-200	6 90006 010 ***150.00	
Principal Place of Business 1211 NORTH WESTSHORE BOULEVARD SUFFE 60 TAMPA FL 33607 BIDD W. LUND S SWILL BY DOT		RE BOULEVARD SUITE-5	quuer		
Tampa, FL 33	المحال				
2. Principal Place of Business	3. Mailing Address				
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		02162006 Chg-P	CR2E034 (11/05)	
City & State	City & State		20-39/980	Applied For Not Applicable	
Zip Country	Zip	Country	5. Cortificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New R	Legistered Agent	
WHID Stacey Whidde	D Storay Whidden		s (P.O. Bax Number is Not Acceptable)		
1 1-11	5100 W. Lemon StSuite 109			· · · · · · · · · · · · · · · · · · ·	
Tampa, FL 3360)9	City		FL Zip Code	
8. The a	Jing its r	egistered office or registe	ered agent, or both, in the State of Fic	orida. I am lamiliar with, and accept .	
the obligations of registered agent	~				
SIGNATURE Signature, typed or private rawne of restatered opera	and the d applicable. (NOTE:	Rogistered Agent signature require	id when reinstaling)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.	9. Election Campaig Trust Fund Contri	, - , - +,	5.00 May Be ded to Fees		
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO OFF	···	
NAME WHIDDEN, STACEY L STREET ADDRESS GIY-S1-ZIP TAMPA, FL 33607 9	□ Delete Suite #1041	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	□ Detete	TITLE MANE STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
RTLE NAME STREET ADDRESS CTTY-S1-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Crange ☐ Addition	
12. I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver or trustee emporanged, or on an attachment with an address.	n this filling does not quality for Name and accurate and that m overed to execute this report a with all other tike dispowered.	the exemptions contains y signature shall have the as required by Chapter 60	d in Chapter 119, Florida Statutes, I same legal effect as if made under 17, Florida Statutes; and that my nam	turther certify that the information oath; that I am an officer or director se appears in Block 10 or Block 11 if	
SIGNATURE: SIGNATURE AND TYPED OR	PRINTED NAME OF SKINDING OF FILER O	Monicron	2/17/00 Dates	(503) 251-08(0 ON/LITTLE PROVING N	