

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90020 034 \*\*\*150.00

<b>DOCUMENT # P06000035768</b> 1. Entity Name WHITE DOLPHIN GIFTS AND ACCESSORIES, INC.			
Principal Place of Business 905 VILLAGE WAY STE B SEBASTIAN, FL 32958		Mailing Address 1284 SEBASTIAN LAKES DR SEBASTIAN, FL 32958	
2. Principal Place of Business - No P.O. Box # 905 Village Square		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc. #2		Suite, Apt. #, etc.	
City & State Sebastian, FL		City & State	
Zip 32958		Country USA	
4. FEENumber 28-4499026		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  RIES, GARY L 1288 SEBASTIAN LAKES DR SEBASTIAN, FL 32958		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD RIES, GARY L 1288 SEBASTIAN LAKES DR SEBASTIAN, FL 32958	TITLE NAME STREET ADDRESS CITY-ST-ZIP	905 Village Sq. #2 Sebastian, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIES, MARILYN 1288 SEBASTIAN LAKES DR SEBASTIAN, FL 32958	TITLE NAME STREET ADDRESS CITY-ST-ZIP	905 Village Sq. #2 Sebastian, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WINDAU, JAMES P 1284 SEBASTIAN LAKES DR SEBASTIAN, FL 32958	TITLE NAME STREET ADDRESS CITY-ST-ZIP	905 Village Sq. #2 Sebastian, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WINDAU, LAURENE M 1284 SEBASTIAN LAKES DR SEBASTIAN, FL 32958	TITLE NAME STREET ADDRESS CITY-ST-ZIP	905 Village Sq. #2 Sebastian, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Laurene M. Windau</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2-6-07</u> Daytime Phone #: <u>388-772-1799</u>	