


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2007 8:00 am**  
**Secretary of State**

07-18-2007 90047 028 \*\*\*550.00

DOCUMENT # P06000061765		
1. Entity Name PEARLY WHITE PRODUCTIONS, INC.		

Principal Place of Business 9906 KILGORE ROAD ORLANDO, FL 32836	Mailing Address 9906 KILGORE ROAD ORLANDO, FL 32836
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66020948



2. Principal Place of Business - No P.O. Box 9906 KILGORE RD	3. Mailing Address same
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State ORLANDO FL	City & State
Zip 32836	Country

07142007 Chg-P CR2E034 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HENRIQUEZ, JESSE 9906 KILGORE ROAD ORLANDO, FL 32836		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

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	P HENRIQUEZ, JESSE 9906 KILGORE ROAD ORLANDO, FL 32836 <i>Kilgore Rd.</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CLINE, CHAD 9906 KILGORE ROAD ORLANDO, FL 32836 <i>Kilgore Rd.</i>	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
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
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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

*CR # 8858*  
*7.14.07*

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-07  
Date Daytime Phone #

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

7/18/2007-90047-028-\$550.00-\$550.00

<b>DOCUMENT # P06000061765</b> 1. Entity Name <b>PEARLY WHITE PRODUCTIONS, INC.</b>				<h2 style="margin: 0;">ATTACHMENT</h2>	
Principal Place of Business <b>9906 KILGORE ROAD ORLANDO, FL 32836</b>		Mailing Address <b>9906 KILGORE ROAD ORLANDO, FL 32836</b>			
2. Principal Place of Business - No P.O. Box # <b>9906 KILGORE RD</b>		3. Mailing Address <i>same</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>ORLANDO FL</b>		City & State 			
Zip <b>32836</b>		Country 		4. FEI Number <i>Not Applicable</i>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent <b>HENRIQUEZ, JESSE 9906 KILGORE ROAD ORLANDO, FL 32836</b>			
7. Name and Address of New Registered Agent Name 		Street Address (P.O. Box Number is Not Acceptable) 			
City 		State <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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when completing)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P</b> <b>HENRIQUEZ, JESSE</b> <b>9906 KILGORE ROAD</b> <b>ORLANDO, FL 32836</b> <i>Kilgore Rd.</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>9906</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>V</b> <b>CLINE, CHAD</b> <b>9906 KILGORE ROAD</b> <b>ORLANDO, FL 32836</b> <i>Kilgore Rd.</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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> <i>Jesse Henriquez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>7-14-07</b> <small>Daytime Phone #</small>		