2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2007 8:00 am Secretary of State

DOCUMENT # P06000068705 1. Entity Name WHITE LUMINA, INC.					301	03-20-2007 90012 005 ***150.00					
•	se of Business ELSIDE WALKWAY 33602	Mailing Address 371 CHANNELSIDE W #902 TAMPA, FL 33602	371 CHANNELSIDE WALKWAY #902								
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03092007	Chg-P	CR2E034 (12/06)					
City & State		City & State		4. FEI Nimber 20–489			pplied For ot Applicable				
Zip Country		Zip	Country			of Status Desired	S8.75 Ad	ditional			
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agent				
LYONS, GARY W 311 SOUTH MISSOURI AVENUE CLEARWATER, FL 33756				Name Street Address (P.O. Box Number is Not Acceptable)							
				City			FL Zip Coo	le			
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing it	s register	ed office or regi	istered agent, or both	, in the State of Fk		and accept			
SIGNATURE.	Signature, typed or printed name of registered agent	and title if another the	TE: Bosistore	d Agent elepses you	quired when reinstating)		DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campa	aign Finar	ncing	\$5.00 May Be Added to Fees	•	0.00				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	CERS AND DIRECTOR	S IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DANISHMENT, CEM J 371 CHANNELSIDE WALKWAY TAMPA, FL 33602	☐ Delete #902					☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD DANISHMENT, MARIANNA I 371 CHANNELSIDE WALKWAY TAMPA, FL 33602	☐ Delcte #902					☐ Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		1			☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		4	,		☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	- 1	l l			☐ Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete	CITY-	ET ADDRESS ST-ZIP			☐ Change	☐ Addition			
12 Thereby o	ertify that the information cumplied with	thic filling door not qualify b	ar tha aua	matiana aaata:	ned in Chanter 140	Clarated a Charles and a	والمراجع والمراجع والمراجع والمراجع والمراجع				

12. I heroby 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 eath; 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

3/14/07

813-9364010

Daytime Phone #

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000068705 1. Entity Name WHITE LUMINA, INC.					ATTACHMENT					
Principal Place of Business 371 CHANNELSIDE WALKWAY #902 TAMPA, FL 33602			Mailing Address 371 CHANNELSIDE WALKWAY #902 TAMPA, FL 33602		115	12 V C	آزار.			
2. Principal F	Place of Busin	ness - No P.O. Box #	3. Mailing Address			1 40	0389	146		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		03092007	Chg-P	CR2E03	4 (12/06)		
City & State		City & State			4. FEI Numbe				oplied For ot Applicable	
Zip	Zip Country		Zip Count		ntry	5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
LYONS, GARY W 311 SOUTH MISSOURI AVENUE CLEARWATER, FL 33756			Name Street Address (P.O. Box Number is Not Acceptable)							
					City E Zip Code					
	named entit tions of regist		r the purpose of changing its	register	City ed affice or register	red agent, or both	h, in the State of Flo	FL rida. I am fa	<u> </u>	
SIGNATURE.	Signature, typed	or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signature required	l when reinstating)		DATE		
		FEE IS \$150.00 7 Fee will be \$550.0	9. Election Campai Trust Fund Contr			.00 May Be ed to Fees				·
10.	PTD	OFFICERS AND		11.	, 1	ADDITIONS/	CHANGES TO OFFI			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DANISHM	IENT, CEM J INELSIDE WALKWAY: °L 33602	□ Delete #902		- I				□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	IENT, MARIANNA I INELSIDE WALKWAY : IL 33602	□ Delete		I .				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	1					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1					Change	Addition
indicated of the corp	on this report poration or th	t or supplemental report is e receiver or trustee empo	this filing does not qualify for true and accurate and that m wered to execute this report ith all other like empowered	v signati	ure shall have the s	ame legal effect , Florida Statutes	as if made under o	ath; that I am appears in	an officer Block 10 or	or director Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE:

ATTACHMENT

40038946 #P06000068705

WHITE LUMINA INC. 1-877-WLUMINA CHANNEL DISTRICT TAMPA, FL 33602	5152 Date 3/14/07 63-27/631 1	E.
Pay to the PORIDA DEPARTM Order of PORIDA DEPARTM	ENT of STATE \$ 150.00	
Bank of America ACH RVT 083100277 PET 20 11890567	C De alle	