

FOR PROFIT CORPORATION
ANNUAL REPORT

For Office Use Only

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DOCUMENT # 908000062007

1. Entity Name

WHITE WAVE INTERNATIONAL LABORATORIES, INC.



FILED

11 MAY 16 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

2333 Pinellas Pt Dr S

Suite, Apt. #, etc.

3. Mailing Address

2333 Pinellas Pt Dr S

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

St Petersburg

City & State

St Petersburg

4. FEI Number

35-2341457

Applied For

Not Applicable

Zip

33712

Country

USA

Zip

33712

Country

USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JENNIFER SUNDAY

Street Address (P.O. Box Number is Not Acceptable)

2333 Pinellas Pt Dr S

City

St Petersburg

FL

Zip Code

33712

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

5/12/11

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing



\$5.00 May Be
Added to Fees

E-mail Address:

Jennifer.White@wvlabs.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT (P)
NAME	Jennifer Sunday
STREET ADDRESS	2333 Pinellas Pt Dr S
CITY- ST- ZIP	St. Petersburg, FL 33712
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

500207337755

05/09/11 01009-002 **150:00

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/12/11 727-654-2503

5/16/11