2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 29, 2005
Secretary of State

DOCUMENT# P19670

Entity Name: WHITE ROCK DISTILLERIES, INC.

Current Principal Place of Business:

21 SARATOGA STREET
P. O. BOX 1829
LEWISTON, ME 04240 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1829
P. O. BOX 1829
LEWISTON, ME 042411829 US

New Mailing Address:

FEI Number: 01-0231409 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COULOMBE, PAUL G
3241 MONTARA DR
BONITA SPRINGS, FL 33923 US

Name and Address of New Registered Agent:

COULOMBE, PAUL G
26340 SIENA DRIVE
BONITA SPRINGS, FL 34134 US

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.

SIGNATURE: PAUL G. COULOMBE 09/29/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	COULOMBE, CECILE J.,	
Address:	50 CHARLES STREET	
City-St-Zip:	LEWISTON, ME	
Title:	DP	( ) Delete
Name:	COULOMBE, DENNIS N.,	
Address:	35 WOODLANDS DR	
City-St-Zip:	FALMOUTN, ME	
Title:	DVPT	( ) Delete
Name:	BISHOP, JANET M.,	
Address:	27 CANDLEBERRY DR.	
City-St-Zip:	AUBURN, ME	
Title:	DVP	(X) Delete
Name:	COULOMBE, ROLAND,	
Address:	24 MAPLEWOOD RD.	
City-St-Zip:	LEWISTON, ME	
Title:	DC	(X) Delete
Name:	COULOMBE, PAUL G.,	
Address:	51 REEF RD.	
City-St-Zip:	CAPE ELIZABETH, ME	
Title:	D	(X) Delete
Name:	GEIGER, EUGENE	
Address:	21 BUTTERCUP CIR	
City-St-Zip:	AUBURN, ME	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	DABBELT, WILLIAM N	
Address:	3416 WATERSILK COURT	
City-St-Zip:	COLUMBUS, OH 43221	
Title:	DC	(X) Change ( ) Addition
Name:	COULOMBE, PAUL G	
Address:	21 REEF ROAD	
City-St-Zip:	CAPE ELIZABETH, ME 04107	
Title:	D	(X) Change ( ) Addition
Name:	MASCETTA, LUCINDA M	
Address:	115 PULSIFER ROAD	
City-St-Zip:	POLAND, ME 04274	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL G. COULOMBE DC 09/29/2005
Electronic Signature of Signing Officer or Director Date