


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 12, 2007 8:00 am
Secretary of State

06-12-2007 90112 015 ***558.75

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| DOCUMENT # P19670 | |  | |
| 1. Entity Name WHITE ROCK DISTILLERIES, INC. | | | |
| Principal Place of Business 21 SARATOGA STREET P. O. BOX 1829 LEWISTON, ME 04240 US | | Mailing Address P.O. BOX 1829 P. O. BOX 1829 LEWISTON, ME 04241-1829 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| COULOMBE, PAUL G 26340 SIENA DRIVE BONITA SPRINGS, FL 34134 | | 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 reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 | | 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 | D DABELT, WILLIAM N 3416 WATERSILK COURT COLUMBUS, OH 43221 <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 | DC COULOMBE, PAUL G 21 REEF ROAD CAPE ELIZABETH, ME 04107 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC Coulombe, Paul G 26340 Siena Drive Bonita Springs, FL 34134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MASCETTA, LUCINDA M 115 PULSIFER ROAD POLAND, ME 04274 <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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| 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>Lucinda Mascetta</u> | | Lucinda Mascetta-Corporate Secretary 06/06/07 207-783-1433 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |



06062007 Chg-P CR2E034 (12/06)

4. FEI Number 01-0231409 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required