

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19670

FILED
Jan 07, 2009
Secretary of State

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:

COULOMBRE, PAUL G
26135 FANWOOD COURT
BONITA SPRINGS, FL 34134n US

Name and Address of New Registered Agent:

COULOMBRE, PAUL G
26135 FANWOOD COURT
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:

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: EVPS () Delete
Name: DABBELT, WILLIAM N
Address: 26650 ROOKERY LAKE DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: CEO () Delete
Name: COULOMBE, PAUL G
Address: 26135 FANWOD COURT
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: MASCETTA, LUCINDA M
Address: 115 PULSIFER ROAD
City-St-Zip: POLAND, ME 04274

Title: COO () Delete
Name: SUCZYNSKI, JOHN M
Address: 2 FOWLER FARM ROAD
City-St-Zip: SCARBOROUGH, ME 04074

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DABBELT, WILLIAM N
Address: 26650 ROOKERY LAKE DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change () Addition
Name: MASCETTA, LUCINDA M
Address: 115 PULSIFER ROAD
City-St-Zip: POLAND, ME 04274

Title: COO (X) Change () Addition
Name: SUCZYNSKI, JOHN M
Address: 4 BALTUSROL CIRCLE
City-St-Zip: FALMOUTH, ME 04105

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LUCINDA MASCETTA

O

01/07/2009

Electronic Signature of Signing Officer or Director

Date