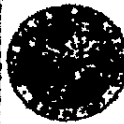


ANNUAL REPORT**DOCUMENT # P29991**1. Entity Name
WHR ENTERPRISES, INC.Principal Place of Business
**218 W. COLUMBUS STREET
KENTON, OH 43326**Mailing Address
**PO BOX 1230
BOCA RATON, FL 33429****FILED**
Jan 17, 2006 08:00 AM
Secretary of State

01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
34-1254522 (Applied For)
(Not Applicable)
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****ROOF, WILLIAM
8421 CONGRESS AVE STE 117
BOCA RATON, FL 33487****DO NOT WRITE
IN THIS SPACE**

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 relinquishing

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$650.00**9. Election Campaign Financing
Trust Fund Contribution.**\$5.00 May Be
Added to Fees****10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P&D	ROOF, WILLIAM	8421 CONGRESS AVE STE 117	BOCA RATON, FL 33487

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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 the empowered.

SIGNATURE:

Signature, typed or printed name of officer, director or director

Date

Digitize Phone

UN0000387653
01/19/06-80048-011 150.00**DO NOT WRITE
IN THIS SPACE**