
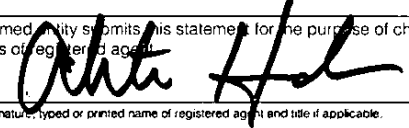
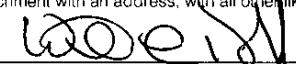


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90006 011 ***150.00

DOCUMENT # P93000044920 1. Entity Name WHITE CAP INVESTORS, INC.					
Principal Place of Business 1200 RIVERPLACE BLVD SUITE 902 JACKSONVILLE, FL 32207 US			Mailing Address 1200 RIVERPLACE BLVD SUITE 902 JACKSONVILLE, FL 32207 US		
2. Principal Place of Business - No P.O. Box # 120 BENT PINE COURT		3. Mailing Address PO BOX 449			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State PONTE VEDRA BEACH FL		City & State PONTE VEDRA BEACH FL		4. FEI Number 59-3188555	
Zip 32082		Country USA		Applied For Not Applicable	
Zip 32082		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUDSON, M. ASHTON 1200 RIVERPLACE BLVD. STE 902 JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name M. ASHTON HUDSON Street Address (P.O. Box Number is Not Acceptable) 501 RIVERSIDE AVENUE SUITE 902 City JACKSONVILLE FL Zip Code 32202		
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  DATE 2/13/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	PD DAHL, WILLIAM L 1200 RIVERPLACE BLVD STE 902 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 		William L. Dahl President		2/13/08 904-394-5242	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	