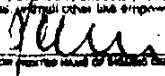


Faxabsender: +49 46 447410
Empfangen von: 941 364 8156

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90151 001 ***300.00

DOCUMENT # P95000030350			
1. Entity Name WHISPERING PALMS, INC.			
Principal Place of Business 1858 RINGLING BLVD SARASOTA, FL 34236 US		Mailing Address 46 N WASHINGTON BLVD #1 SARASOTA, FL 34236	
2. Principal Place of Business P. O. BOX 25252 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State SARASOTA, FL		City & State City & State	
Zip 34277		Country	
4. FEI Number 65-0588576		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$6.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LPS CORPORATE SVCS., INC. 46 N WASHINGTON BLVD #1 SARASOTA, FL 34236		7. Name and Address of New Registered Agent 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 _____ I am familiar with, and accept the obligations of, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.			
FILE NUMBER 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 Field	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP DPT BOTTCHER, HANS-HERMANN G 1858 RINGLING BLVD SARASOTA, FL		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP OS MCLOUGHLIN, KARIN 1858 RINGLING BLVD SARASOTA, FL		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information supplied 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 207, Florida Statutes; and that my name appears in block 10 or block 11 if changed, or on an attachment with an address, without other law empowered.			
SIGNATURE: 		3/10/2005 941-564-8156	
HANS-HERMANN GUSTAV BOTTCHER, President			