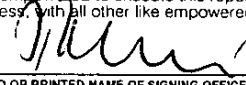


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-12-2007 90098 027 ***150.00

DOCUMENT # P95000030350 1. Entity Name WHISPERING PALMS, INC.					
Principal Place of Business P.O. BOX 25252 SARASOTA, FL 34277 US			Mailing Address 46 N WASHINGTON BLVD #1 SARASOTA, FL 34236		
2. Principal Place of Business - No P.O. Box # 2100 Constitution Blvd.		3. Mailing Address Suite, Apt. #, etc. Suite 181			
City & State Sarasota, FL		City & State Sarasota, FL		4. FEI Number 65-0588576	
Zip 34231		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LPS CORPORATE SVCS., INC 46 N WASHINGTON BLVD 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	DPT BÖTTCHER, HANS-HERMANN G POB 25252 SARASOTA, FL 34277		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BOETTCHER, Hans-Hermann G. 2100 Constitution Blvd., Suite 181 Sarasota, FL 34231	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCLOUGHLIN, KARIN POB 25252 SARASOTA, FL 34277		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCLOUGHLIN, Karin 2100 Constitution Blvd., Suite 181 Sarasota, FL 34231	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			2/8/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HANS-HERMANN G. BOETTCHER, President			Date Daytime Phone #		

40014040



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