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.

4U014040

Principal Place of Business	Mailing Address
P.O. BOX 25252 SARASOTA, FL 34277 US	46 N WASHINGTON BLVD #1 SARASOTA, FL 34236

02062007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2100 Constitution Blvd.			
Suite, Apt. #, etc.: Suite 181		Suite, Apt. #, etc.	
City & State: Sarasota, FL		City & State	
Zip: 34231	Country: USA	Zip	Country

4. FEI Number: 65-0588576 ☐ Applied For ☐ Not Applicable

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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BOETTCHER, Hans-Hermann G. 2100 Constitution Blvd., Suite 181 Sarasota, FL 34231	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCLOUGHLIN, KARIN POB 25252 SARASOTA, FL 34277	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCLOUGHLIN, Karin 2100 Constitution Blvd., Suite 181 Sarasota, FL 34231	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] 2/8/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
HANS-HERMANN G. BOETTCHER, President