2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 08:00 AM Secretary of State **DOCUMENT # P95000054981** 1. Entity Name WHITE PELICAN ENTERPRISES, INC. Principal Place of Business Mailing Address 3207 E SHAMROCK, #6 PO BOX 2346 TALLAHASSEE, FL 32309 ORLANDO, FL 32802-2346 No Chg-P 01132005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3327301 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEAN MEAD SERVICES, LLC DO NOT WRITE 800 NORTH MAGNOLIA AVENUE **SUITE 1500** IN THIS SPACE ORLANDO, FL 32803 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 like if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE DEST WALLACE, JAYNE T NAME STREET ADDRESS 3207 E SHAMROCK, #6 CITY-ST-ZIP TALLAHASSEE, FL 32309 TITLE 000000357689 NAME 05/04/05-80084-007 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP ್ ಯಾವಾಯಾಗಿ ಕರ್ಮಾಡಿಯ ಎ.-TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP To compression to the control of the 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 charged, or on an attachment with an address, with all other like empowered.

Parme O Wallace

FILED

your 29, 2005

854-906-9//3 Deytime Phone #