

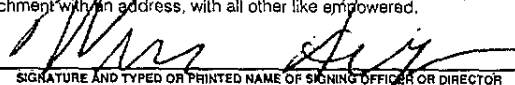


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000086548</b>			
1. Entity Name WHOGAS, INC.			
Principal Place of Business 398 BOB WHITE DRIVE SARASOTA, FL 34236	Mailing Address 398 BOB WHITE DRIVE SARASOTA, FL 34236		
<b>DO NOT WRITE IN THIS SPACE</b>			
		02152005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0625808	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  HADLEY, WILLIAM F 398 BOB WHITE DRIVE SARASOTA, FL 34236		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (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 Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HADLEY, WILLIAM F 398 BOB WHITE DRIVE SARASOTA, FL 34236		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		429-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR William Hadley		Date Daytime Phone #	