200% FOR PROFIT CORPORATION

FILED Jan 22, 2007 08:00 AM Secretary of State

ANNUAL REPORT
DOCUMENT # P97000084975
1. Entity Name CHRISTOPHER A. WHITE, P.A.

Principal Place of Business

Mailing Address

105 SOLANA RD

105 SOLANA RD

PONTE VEDRA BEACH, FL 32082

PONTE VEDRA BEACH, FL 32082



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 01092007 No Chg-P Applied For 4. FEI Number 59-2868923 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, CHRISTOPHER A 105 SOLANA RD STE C PONTE VEDRA BEACH, FL 32082 DO NOT WRITE IN THIS SPACE

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 it applicable (NOTE: Registered Agent signature required when reinstating) DITE							
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fin Trust Fund Contribution		\$5.00 May Be Added to Fees	U00000594841 01/23/07-80016-004	150.00	
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE. CHRISTOPHER A 105 SOLANA RD., STE C PONTE VEDRA BEACH, FL 32082					,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE		
TITLE NAME STREET ADDRESS			,	IN THIS SPACE			

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 chapter 607 on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR