2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Feb 05, 2007 08:00 AM DOCUMENT # P98000064014 **Secretary of State** 1. Entity Name JULIE A. WHITLEY, INC. Principal Place of Business Mailing Address 2408 JAMIE CIRCLE 2408 JAMIE CIRCLE ORLANDO, FL 32803 ORLANDO, FL 32803 Salah Bangaran Kalifa Salah Kalifa 02012007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3530342 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WHITLEY, JULIE A DO NOT WRITE 2408 JAMIE CIRCLE 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 title if applicable. (NOTE: Registered Agent aignature required when reinstating) 02/13/07-80039-007 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE White the state of NAME WHITLEY, JULIE A The specimen is the first to be such the last the second and the second second the second second second second 2408 JAMIE CIRCLE STREET ADDRESS 医乳腺素质 医乳腺性原 CITY-ST-ZIP ORLANDO, FL 32803 the state of the s HALIF with the state of STREET ADDRESS 医维德性 教育 安全 经现代分别 医原外性 CITY-ST-ZIP A STATE OF THE PROPERTY OF THE TOLE The state of the s STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS 通過 医乳肿 经直接帐户 化多元管理 CITY-ST-ZIP The face of the state of the st TITLE The state of the s NAME the state of the state of the state of STREET ADDRESS CITY-ST-7IP The second of th TITLE the state of the s NAME altered like the great and at the for a trade at the first of the first of the first of the first of the first STREET ADDRESS 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.

FILED

407.230.4931