

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P99000002354**

1. Entity Name:  
WHIM SO DOODLE, INC.



**FILED  
Apr 28, 2008 8:00 am  
Secretary of State**

04-28-2008 90364 023 \*\*\*150.00

4 U U U U U U U



04232008 Chg-P CR2E034 (12/06)

Principal Place of Business		Mailing Address	
3173 FOURTH STREET NORTH ST. PETERSBURG, FL 33704 33701 Q37 2 <sup>nd</sup> Ave S		3173 FOURTH STREET NORTH ST. PETERSBURG, FL 33704 33701 237 2 <sup>nd</sup> Ave S	
2. Principal Place of Business - No. P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
OROBELLO, JILL S 3173 FOURTH STREET NORTH ST. PETERSBURG, FL 33704 33701 Q37 2 <sup>nd</sup> Ave S		Name: Street Address (P.O. Box Number is Not Acceptable): City: <b>FL</b> 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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees: <input type="checkbox"/>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete OROBELLO, JILL S 3173 FOURTH STREET NORTH 237 2 <sup>nd</sup> Ave S ST. PETERSBURG, FL 33704 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #