2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S23964

1. Entity Name

WHITE'S CONSULTING GROUP, INC.

US



FILED Jan 09, 2007 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

3930 CYPRESS LANDING N WINTER HAVEN, FL 33884 3930 CYPRESS LANDING N WINTER HAVEN, FL 33884

US



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01032007 No Chg-P CR2E034 (11/05)

FEI Number
 59-3052921

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, HARRY E. 3930 CYPRESS LANDING N WINTER HAVEN, FL 33884

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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)								
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS				***************************************				
TITLE	DP ·							
NAME	WHITE, HARRY E.							
STREET ADDRESS	3930 CYPRESS LANDING N				U00030573500			
CITY-ST-ZIP	WINTER HAVEN, FL 33884	•			01/10/07-80008-023 150.00			
TITLE	DST							
NAME	WHITE, KARRIE J.				·			
STREET ADDRESS	3930 CYPRESS LANDING N							
CITY-ST-ZIP	WINTER HAVEN, FL 33884							
TITLE	DVP		i					
NAME	WHITE, DAVID E.							
STREET ADDRESS	1295 E GEORGIA ST			DO	NOT WOITE			
CITY-ST-ZIP	BARTOW FL 33830			DO	NOT WRITE			

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 of 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 five empowered.

SIGNATURE:

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

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/03/07 863-324-4659 Date Dayline Phone #