

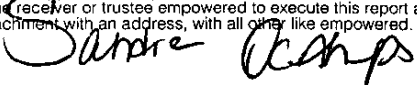


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V32018 1. Entity Name WHOLE EQUIPMENTS & TOOLS, INC.			FILED 05 SEP 21 PM 4:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 7611 S.W. 153 CT. BLDG. 7, APT. 204 MIAMI, FL 33193	Mailing Address 7611 S.W. 153 CT. BLDG. 7, APT. 204 MIAMI, FL 33193	 08232005 No Chg-P CR2E034 (10/03)					
<h2>DO NOT WRITE IN THIS SPACE</h2>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">4. FEI Number 65-0328998</td> <td style="padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </td> </tr> </table>		4. FEI Number 65-0328998	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent OCAMPO, SANDRA 7611 SW 153RD CT APT 204 MIAMI, FL 33193		<h2>DO NOT WRITE IN THIS SPACE</h2>					
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 _____ DATE 09/21/05							
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS							
TITLE	D						
NAME	OCAMPO, SANDRA						
STREET ADDRESS	7611 SW 153 CT #204						
CITY-ST-ZIP	MIAMI, FL 33193						
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME							
STREET ADDRESS							
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TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date 9/15/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #					