2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V48600

Entity Name: WHIP-IT PRODUCTS, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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6876 QUINN STREET 3990 AVALON BLVD MILTON, FL 32570 US MILTON, FL 32583 US

Current Mailing Address: New Mailing Address:

P.O. BOX 30128

PENSACOLA, FL 325031128 US

FEI Number: 59-3117025 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GAUDET, CAROL
6876 QUINN ST.
MILTON, FL 32570 US
GAUDET, CAROL
3990 AVALON BLVD.
MILTON, FL 32583 US

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.

SIGNATURE: CAROL GAUDET 04/28/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 RHODES, DEE DEE
 Name:

 Address:
 4097 LUTHER FOWLER
 Address:

 City-St-Zip:
 PACE, FL 32570
 City-St-Zip:

 Title:
 ST () Delete
 Title:
 T (X) Change () Addition

 Name:
 WATSON, JOANN H
 Name:
 WATSON, JOANN H

 Name:
 WATSON, JOANN H
 Name:
 WATSON, JOANN H

 Address:
 3059 LARKHALL PL
 Address:
 3059 LARKHALL PL

 City-St-Zip:
 MILTON, FL 32583
 City-St-Zip:
 MILTON, FL 32583

Title: () Delete Title: S () Change (X) Addition

 Name:
 Name:
 JOHNSON, CYNTHIA M

 Address:
 3059 LARKHALL PL

 City-St-Zip:
 City-St-Zip:
 MILTON, FL 32583

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANN H. WATSON T 04/28/2009