

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000057102

FILED
Apr 18, 2008
Secretary of State

Entity Name: WHIRLING DERVISH ENTERPRISES, INC.

Current Principal Place of Business:

6508 COLGATE RD.
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

18665 NW 146TH AVENUE
WILLISTON, FL 32696 US

Current Mailing Address:

6508 COLGATE RD.
JACKSONVILLE, FL 32217 US

New Mailing Address:

18665 NW 146TH AVENUE
WILLISTON, FL 32696 US

FEI Number: 59-3260536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUGG, SHERWOOD L
6508 COLGATE RD.
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

BAUMGARDNER, PATRICIA L
18665 NW 146TH AVENUE
WILLISTON, FL 32696 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: PATRICIA L. BAUMGARDNER

04/18/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUGG, SHERWOOD L
Address: 6508 COLGATE RD.
City-St-Zip: JACKSONVILLE, FL 32217

Title: VSTD () Delete
Name: BUGG, PAT R
Address: 6508 COLGATE RD.
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BUGG, SHERWOOD L
Address: 1600 OPEN RANGE ROAD
City-St-Zip: CROSSVILLE, TN 38555

Title: VSTD (X) Change () Addition
Name: BUGG, PAT R
Address: 1600 OPEN RANGE ROAD
City-St-Zip: CROSSVILLE, TN 38555

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: SHERWOOD L. BUGG

PD

04/18/2008

Electronic Signature of Signing Officer or Director

Date