

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000079396

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: WHITE ELEPHANT REAL ESTATE DEVELOPMENT CORP.

## Current Principal Place of Business:

108 HONEYCOMB  
LAKE PLACID, FL 33852 US

## New Principal Place of Business:

2165 US 27 SOUTH  
LAKE PLACID, FL 33852 US

## Current Mailing Address:

PO BOX 159  
LAKE PLACID, FL 338620159

## New Mailing Address:

FEI Number: 65-0530421      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ATTREE, RUSSELL  
108 HONEYCOMB  
LAKE PLACID, FL 33852 US

## Name and Address of New Registered Agent:

ATTREE, RUSSELL  
2165 US 27 SOUTH  
LAKE PLACID, FL 33852 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: RUSSELL ATTREE

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: ATTREE, RUSSELL  
Address: 108 HONEYCOMB  
City-St-Zip: LAKE PLACID, FL 33852 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: ATTREE, RUSSELL  
Address: 2165 US 27 SOUTH  
City-St-Zip: LAKE PLACID, FL 33852 US

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: RUSSELL ATTREE

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

Date