2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 688073

Entity Name: STUART WEB, INC.

FILED Mar 19, 2009 Secretary of State

1521 SE PALM CT 5675 SE GROUPER AVE STUART, FL 34994 US STUART, FL 34997 US

Current Mailing Address: New Mailing Address:

1521 SE PALM CT 5675 SE GROUPER AVE STUART, FL 34994 US STUART, FL 34997 US

FEI Number: 59-2033193 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:

HAWKEN, THOMAS E PRES
1521 SE PALM CT
STUART, FL 34994 US

HAWKEN, THOMAS E PRES
5675 SE PALM COURT
STUART, FL 34997 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: 03/19/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition HAWKEN, THOMAS E P/D HAWKEN, THOMAS E P/D Name: Name: 1521 SE PALM CT 5675 SE GROUPER AVE Address: Address: STUART, FL 34997 US City-St-Zip: STUART, FL 34994 US City-St-Zip:

Title: STD () Delete Title: STD (X) Change () Addition Name: HAWKEN, DIANE K STD Name: HAWKEN, DIANE K STD

 Name:
 HAWKEN, DIANE K STD
 Name:
 HAWKEN, DIANE K STD

 Address:
 1521 SE PALM CT
 Address:
 5675 SE GROUPER AVE

 City-St-Zip:
 STUART, FL 34994 US
 City-St-Zip:
 STUART, FL 34997 US

Title: VPD () Delete Title: () Change () Addition

 Name:
 HAWKEN, KEVÍN K
 Name:

 Address:
 1695 NW HARBOR PLACE
 Address:

 City-St-Zip:
 STUART, FL 34994 US
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 HIGGINS, KIMBERLY K
 Name:

 Address:
 322 SE EDGEWOOD DRIVE
 Address:

 City-St-Zip:
 STUART, FL 34996 US
 City-St-Zip:

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: DIANE K HAWKEN STD 03/19/2009