


ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 710598 1. Entity Name WEBBER INTERNATIONAL UNIVERSITY, INC.	
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Principal Place of Business % REX YENTES P.O. BOX 96 BABSON PARK, FL 33827	Mailing Address % REX YENTES P.O. BOX 96 BABSON PARK, FL 33827
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01102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2139553	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

YENTES, REX R.
WEBBER INTERNATIONAL UNIVERSITY, INC
1201 ALT 27 SOUTH
BABSON PARK, FL 33827

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 IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	REAGIN, LES
STREET ADDRESS	WEBBER INTERNATIONAL UNIVERSITY, INC
CITY-ST-ZIP	BABSON PARK, FL
TITLE	P
NAME	YENTES, REX R
STREET ADDRESS	WEBBER INTERNATIONAL UNIVERSITY, INC.
CITY-ST-ZIP	BABSON PARK, FL 33827
TITLE	T
NAME	JORDON, CHRISTINA M
STREET ADDRESS	WEBBER INTERNATIONAL UNIVERSITY IN
CITY-ST-ZIP	BABSON PARK, FL 33827
TITLE	S
NAME	MACCALLUM, DUNCAN
STREET ADDRESS	5040 LAKE PIERCE DR
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	D
NAME	ROSE, ROGER
STREET ADDRESS	WEBBER INTERNATIONAL UNIVERSITY, INC
CITY-ST-ZIP	BABSON PARK, FL 33827
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000593067
 01/22/07-80017-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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: *[Signature]* **TREASURER** 1-16-2007 (863)638-2944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #