2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT#743048

RT FILED Sep 12, 2007 Secretary of State

						,
Entity Nar	ne: WE-BUILI	D, INC.				
Current Principal Place of Business: 1460 NW 1ST STREET				New Principal Place of Business:		
	JDERDALE, FL ailing Addres		US	New Maili	ng Address	
_						
1559 W. SUNRISE BLVD. FT. LAUDERDALE, FL 33311				4360 WEST OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33313		
FEI Number:	59-0752190	FEI Numb	er Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
DAVIS, LAWENCE L 108 SE 8TH AVE SUITE 10 FORT LAUDERDALE, FL 33301 US						
	named entity s of Florida.	submits this	s statement for the p	urpose of changing i	ts registered	office or registered agent, or both,
SIGNATUR	RE:					
	Electron	ic Signatur	e of Registered Age	ent		Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () MARTIN, JAMES 2840 N. OCEAN FORT LAUDERI	I BLVD #406		Title: Name: Address: City-St-Zip:	(()Change ()Addition
Title: Name: Address: City-St-Zip:	D () MCINTYRE, GE 7540 SW 50TH FORT LAUDERI	STREET	317	Title: Name: Address: City-St-Zip:	(()Change ()Addition
Title: Name: Address: City-St-Zip:	P () SPIKER, WILLI 3550 HOLLYWO HOLLYWOOD,	DOD BLVD#	10	Title: Name: Address: City-St-Zip:	(() Change () Addition
Title: Name: Address: City-St-Zip:	V () ROGERS, RANI 500 SE 17TH S' FORT LAUDERI	T #101	316	Title: Name: Address: City-St-Zip:	(() Change () Addition
Title:	V ()	Delete		Title:	(() Change() Addition

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES MARTIN 09/12/2007 D

PAZ, TOM

14845 SW 87TH CT

MIAMI, FL 33176

Name:

Address:

City-St-Zip: