

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000710

FILED  
Feb 03, 2007  
Secretary of State

Entity Name: WEB INSURANCE MARKET STRATEGIES, INC.

## Current Principal Place of Business:

4814 BALLY GAR DR  
TALLAHASSEE, FL 32309

## New Principal Place of Business:

4814 BALLYGAR DR  
TALLAHASSEE, FL 323092436

## Current Mailing Address:

4814 BALLY GAR DR  
TALLAHASSEE, FL 32309

## New Mailing Address:

1400 VILLAGE SQUARE BLVD  
UNIT 3-330  
TALLAHASSEE, FL 32312

FEI Number: 59-3526078

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

OUELLETTE, KEITH  
4814 BALLY GAR DR  
TALLAHASSEE, FL 32309 US

## Name and Address of New Registered Agent:

OUELLETTE, KEITH  
4814 BALLY GAR DR  
TALLAHASSEE, FL 323092436 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: KEITH E OUELLETTE

02/03/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

## OFFICERS AND DIRECTORS:

Title: PTC ( ) Delete  
Name: OUELLETTE, KEITH  
Address: 4814 BALLY GAR DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP ( ) Delete  
Name: OUELLETTE, JANET  
Address: 4814 BALLY GAR DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: VC (X) Delete  
Name: OUELLETTE, JANET  
Address: 4814 BALLY GAR DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: S (X) Delete  
Name: OUELLETTE, ALICIA  
Address: 4814 BALLY GAR DR  
City-St-Zip: TALLAHASSEE, FL 32309

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: OUELLETTE, KEITH  
Address: 4814 BALLYGAR DR  
City-St-Zip: TALLAHASSEE, FL 323092436

Title: VSD (X) Change ( ) Addition  
Name: OUELLETTE, JANET  
Address: 4814 BALLYGAR DR  
City-St-Zip: TALLAHASSEE, FL 323092436

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KEITH E OUELLETTE

P

02/03/2007

Electronic Signature of Signing Officer or Director

Date