

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90034 008 \*\*\*150.00

<b>DOCUMENT # F07000005757</b>			
<b>1. Entity Name</b> WEBLOYALTY.COM, INC.			
<b>Principal Place of Business</b> 101 MERRITT SEVEN, 7TH FLOOR NORWALK, CT 06851		<b>Mailing Address</b> 101 MERRITT SEVEN, 7TH FLOOR NORWALK, CT 06851	
<b>2. Principal Place of Business - No P.O. Box #</b> 101 Merritt 7 Suite, Apt. #, etc. 4th Floor		<b>3. Mailing Address</b> 101 Merritt 7 Suite, Apt. #, etc. 4th Floor	
<b>City &amp; State</b> Norwalk CT		<b>City &amp; State</b> Norwalk CT	
<b>Zip</b> 06851 <b>Country</b> USA		<b>Zip</b> 06851 <b>Country</b> USA	
<b>4. FEI Number</b> 06-1537916		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04022008 Chg-P CR2E034 (12/06)	
<b>6. Name and Address of Current Registered Agent</b> NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR., STE 4 WESTON, FL 33331		<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
<b>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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	CEO FERNANDES, RICHARD J 129 QUATER HORSE LANE FAIRFIELD, CT 06430 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Scott Miller See Attached. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DP D'AGOSTINO, VINCENT 45 TURKEY HILL ROAD SOUTH WESTPORT, CT 06880 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Michael Goldstein See attached <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D DZIALGA, MARK 15 VINEYARD LANES GREENWICH, CT 06831 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Julius Genachawski See Attached <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D LEVY, ANTON 79 EAST 2ND ST, APT #2R NEW YORK, NY 10003 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Robert Callahan See attached <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D LANNING, CHRISTOPHER 62 W 91ST STREET NEW YORK, NY 10024 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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 607, 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.</b>			
<b>SIGNATURE:</b>		Vincent D'Agostino	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-3-08 Daytime Phone # 203-295-2754	