

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H66806

Entity Name: WEB AERONAUTICAL INC.

FILED  
Feb 08, 2007  
Secretary of State

**Current Principal Place of Business:**

2400 WEST 84TH STREET  
SUITE 20  
HIALEAH, FL 33016 US

**New Principal Place of Business:**

**Current Mailing Address:**

2400 WEST 84TH STREET  
SUITE 20  
HIALEAH, FL 33016 US

**New Mailing Address:**

FEI Number: 59-2730403      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BIVENS, WILLIAM E.  
14520 MUSTANG TRAIL  
FT. LAUDERDALE, FL 33330 US

**Name and Address of New Registered Agent:**

BIVENS, WILLIAM E MR.  
14520 MUSTANG TRAIL  
FT. LAUDERDALE, FL 33330 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: WILLIAM E. BIVENS

02/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCT ( ) Delete  
Name: BIVENS, WILLIAM E.,  
Address: 14520 MUSTANG TRAIL  
City-St-Zip: FT LAUDERDALE, FL 33330

Title: D ( ) Delete  
Name: BIVENS, RYAN M.,  
Address: 14520 MUSTANG TRIAL  
City-St-Zip: FT LAUDERDALE, FL 33330

Title: D ( ) Delete  
Name: BIVENS, AMANDA J.,  
Address: 14520 MUSTANG TRAIL  
City-St-Zip: FT LAUDERDALE, FL 33330

Title: D ( ) Delete  
Name: BIVENS, BARBARA A  
Address: 14520 MUSTANG TRAIL  
City-St-Zip: FORT LAUDERDALE, FL 33330

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: WILLIAM E. BIVENS

PCT

02/08/2007

Electronic Signature of Signing Officer or Director

Date