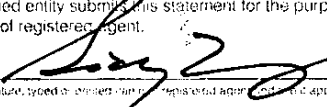


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90052 018 ***150.00

DOCUMENT # K31276 1. Entity Name WEB ACQUISITION CORPORATION			
Principal Place of Business 14025 NW 60TH AVE MIAMI LAKES, FL 33014		Mailing Address 14025 NW 60TH AVE MIAMI LAKES, FL 33014	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 577 Ocean Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Golden Beach, FL	
Zip	Country	33160 U.S.	4. FEI Number 65-0073101
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent KLINGHOFFER, TEDDY D ONE SE 3RD AVE MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DATE 3/3/08 Signature, typed or printed name of registered agent, and the applicable (NOTE: Registered Agent signature required when re-registered)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP D LEVY, SIDNEY 14025 NW 60TH AVE. MIAMI LAKES, FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP Louy, Sidney 577 Ocean Blvd Golden Beach, FL 33160	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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.			
SIGNATURE: 		Date 3/3/08 305 5574193	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	