

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K93051

Entity Name: W-E-E, INC.

FILED  
Feb 11, 2009  
Secretary of State

## Current Principal Place of Business:

13620 LAKE MAGDALENE BLVD.  
UNIT 612  
TAMPA, FL 33618

## New Principal Place of Business:

## Current Mailing Address:

13620 LAKE MAGDALENE BLVD.  
UNIT 612  
TAMPA, FL 33618

## New Mailing Address:

FEI Number: 59-2951876

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHWARZKOPF WALTER W.  
13620 LAKE MAGDELENE BLVD.  
#612  
TAMPA, FL 33618 US

## Name and Address of New Registered Agent:

SCHWARZKOPF WALTER W.  
13620 LAKE MAGDALENE BLVD.  
#612  
TAMPA, FL 33618 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:

02/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: COLLINS, CAROL  
Address: 13620 LAKE MAGDALENE BLVD., #612  
City-St-Zip: TAMPA, FL 33618

Title: PD ( ) Delete  
Name: SCHWARZKOPF, WATER W  
Address: 13620 LAKE MACDALENE BLVD #612  
City-St-Zip: TAMPA, FL 33618

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition  
Name: SCHWARZKOPF, WATER W  
Address: 13620 LAKE MAGDALENE BLVD #612  
City-St-Zip: TAMPA, FL 33618

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

SIGNATURE: WALTER W. SCHWARZKOPF

PD

02/11/2009

Electronic Signature of Signing Officer or Director

Date