

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009367

FILED  
Mar 28, 2007  
Secretary of State

Entity Name: WECOUNTI, INC.

**Current Principal Place of Business:**

45 S FLAGLER AVE  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 344116  
FLORIDA CITY, FL 33034

**New Mailing Address:**

FEI Number: 56-2638368

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FRIED, JONATHAN L  
715 NW 9TH COURT  
HOMESTEAD, FL 33030 US

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

FRIED, JONATHAN L  
45 S FLAGLER AVENUE  
HOMESTEAD, FL 33030 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: JONATHAN L. FRIED

03/28/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: MR. ( ) Change (X) Addition  
Name: SYLVAIN, SHANEL DIRECTO  
Address: 139 S. REDLAND ROAD, #107  
City-St-Zip: FLORIDA CITY, FL 33034

Title: MS. ( ) Change (X) Addition  
Name: NICHOLS, DEBBIE DIRECTO  
Address: 156 NE 13 AVENUE  
City-St-Zip: HOMESTEAD, FL 33033

Title: MS. ( ) Change (X) Addition  
Name: PEREZ MALAVE, NORMA I DIRECTO  
Address: 875 W. LUCY STREET, C-138  
City-St-Zip: FLORIDA CITY, FL 33034

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

SIGNATURE: DEBBIE NICHOLS, DIRECTOR

MS.

03/28/2007

Electronic Signature of Signing Officer or Director

Date