


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90002 045 ***150.00

DOCUMENT # P00000020691					
1. Entity Name WEBBRAIN INTERNATIONAL THE ARTSY.FARTSY CONNECTION, INC.					
Principal Place of Business 6760 BRIDLEWOOD COURT BOCA RATON, FL 33433			Mailing Address 6760 BRIDLEWOOD COURT BOCA RATON, FL 33433		
2. Principal Place of Business 10079 44th WAY Suite, Apt. #, etc. 403 City & State BOYNTON BEACH, FL Zip 33436 Country USA		3. Mailing Address 10079 44th WAY Suite, Apt. #, etc. 403 City & State BOYNTON BEACH, FL Zip 33436 Country USA			
4. FEI Number 65-0989124				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MINTZER, LENORE 6760 BRIDLEWOOD CT BOCA RATON, FL 33433			7. Name and Address of New Registered Agent Name LENORE MINTZER Street Address (P.O. Box Number is Not Acceptable) 10079 44th WAY #403 City BOYNTON BEACH FL Zip Code 33436		
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: <u>Lenore Mintzer</u> DATE: <u>3/21/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD MINTZER, LENORE B 6760 BRIDLEWOOD COURT BOCA RATON, FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 10079 44th WAY, #403 BOYNTON BEACH FL 33436	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Lenore Mintzer</u> LENORE MINTZER 3/21/06 561-364-8132 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					