


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000077663 1. Entity Name WEB STAR DESIGN, INC.	
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Principal Place of Business 1470 XAVIER AVE. FT. MYERS, FL 33919	Mailing Address 1470 XAVIER AVE. FT. MYERS, FL 33919
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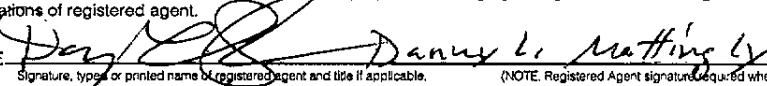
04152004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1029686	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MATTINGLY, DANNY L 1411 S. GROVE AVE. FT. MYERS, FL 33919
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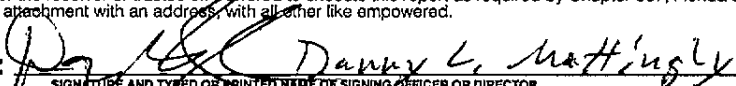
**DO NOT WRITE
IN THIS SPACE**

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  Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE <u>4/15/04</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000126809 04/23/04-90048-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATTINGLY, BILL A 1470 XAVIER AVE. FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATTINGLY, DANNY L 1411 S. GROVE AVE. FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MATTINGLY, SHELIA A 1470 XAVIER AVE. FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>4/15/04</u> Date	DAYTIME PHONE # <u>8792753616</u> Daytime Phone #