




**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000116138</b>			
1. Entity Name <b>WEB WEAVER, INC.</b>			
Principal Place of Business <b>11181 HEALTH PARK BLVD #1115 NAPLES, FL 34110</b>		Mailing Address <b>11181 HEALTH PARK BLVD #1115 NAPLES, FL 34110</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 03082006 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-3733999</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MALONEY, RICHARD 11181 HEALTH PARK BLVD #1115 NAPLES, FL 34110</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000481610 04/11/06-80038-013 150.00</b>
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE	<b>D</b>		
NAME	<b>MALONEY, JASON</b>		
STREET ADDRESS	<b>11181 HEALTH PARK BLVD #1115</b>		
CITY-ST-ZIP	<b>NAPLES, FL 34110</b>		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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:  <b>JASON MALONEY</b>		<b>3/22/2006</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	