2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000112182

Entity Name: WEBIZ, INC.

FILED Feb 07, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5035 STONEBARK CV. 25554 HIGH HAMPTON CIRCLE LAKE FOREST, FL 327717103 SORRENTO, FL 327767739

Current Mailing Address: New Mailing Address:

5035 STONEBARK CV. 25554 HIGH HAMPTON CIRCLE LAKE FOREST, FL 327717103 SORRENTO, FL 327767739

FEI Number: 56-2298559 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PUCKETT, GARY S
5035 STONEBARK CV.
LAKE FOREST, FL 327717103 US
PUCKETT, GARY S
25554 HIGH HAMPTON CIRCLE
SORRENTO, FL 327767739 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: 02/07/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: PUCKETT, GARY S PUCKETT, GARY S

 Name:
 PUCKETT, GARY S
 Name:
 PUCKETT, GARY S

 Address:
 5035 STONEBARK CV.
 Address:
 25554 HIGH HAMPTON CIRCLE

 City-St-Zip:
 LAKE FOREST, FL 327717103
 City-St-Zip:
 SORRENTO, FL 327767739

Title: VP () Delete Title: VP (X) Change () Addition

Name: PUCKETT, BETTY A Name: PUCKETT, BETTY A

 Address:
 5035 STONEBARK CV.
 Address:
 25554 HIGH HAMPTON CIRCLE

 City-St-Zip:
 LAKE FOREST, FL 327717103
 City-St-Zip:
 SORRENTO, FL 327767739

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

SIGNATURE: GARY S. PUCKETT P 02/07/2006