2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P04000133537 03-21-2006 90041 023 ***150.00 1. Entity Name CEDRIC WEBLEY, INC. Principal Place of Business Mailing Address **20003854** 7640 CORAL DRIVE UNIT 23 7640 CORAL DRIVE UNIT 23 MELBOURNE, FL 32935 MELBOURNE, FL 32935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032006 Cha-P CR2E034 (11/05) City & State Applied For City & State 4 FFI Number 20-1712017 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEBLEY, CEDRIC Street Address (P.O. Box Number is Not Acceptable) 7640 CORAL DRIVE UNIT 23 MELBOURNE, FL 32935 City Zip Code 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 file if applicable. (NOTE: Registered Agent signature required when retraining) DATE 9. Election Campaign Financing \$5.00 May Be Added to Fees FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 11. DPST TITLE ☐ Delete TILE ☐ Change ☐ Addition WEBLEY, CEDRIC NELE MAKE 7640 CORAL DRIVE UNIT 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32935 CITY-ST-ZIP IIILE ☐ Delete ☐ Change ■ Addition NUME MMF STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Deleta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ACORESS CITY-ST-ZIP OTY-ST- 7P TITLE TITLE ☐ Change ☐ Defete ☐ Addition NAME NWE STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITL F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP IIILE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ACCIDESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 ceth; 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 attackpent with sayleddress, withyillighter like empowered.

Cedric Webley, Director

NO TYPED OR POSTED NAME OF BIGINDIO OFFICER OR DIRECTOR

SIGNATURE

FILED Mar 21, 2006 8:00 am

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321-956-6300

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