

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000023577

1. Entity Name
WEBMISTRESS ENTERPRISES, INC.



Principal Place of Business
**1432 SOUTH LAKESIDE DRIVE
#8
LAKE WORTH, FL 33460 US**

Mailing Address
**P.O. BOX 1402
LAKE WORTH, FL 33460 US**

DO NOT WRITE IN THIS SPACE

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**FILED
May 22, 2007 8:00 am
Secretary of State**

03-30-2007 90142 004 ***150.00



02242007 No Chg-P CR2E034 (11/05)

4. FEI Number 81-0664270	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
POND, BARBARA 1432 SOUTH LAKESIDE DRIVE #8 LAKE WORTH, FL 33460

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IN THIS SPACE**

7. 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 remailing) _____ DATE _____

FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	8. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PSTD
NAME	POND, BARBARA
STREET ADDRESS	1432 SOUTH LAKESIDE DRIVE #8
CITY - ST - ZIP	LAKE WORTH, FL 33460
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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:

*Barbara Pond
Pres.*

5/18/07

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR