2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 31, 2007 8:00 am Secretary of State DOCUMENT # P06000071464 01-31-2007 90032 029 ***150.00 1. Entity Name WEB PROJECT, INC. Principal Place of Business Mailing Address 690 SE 15TH STREET #201 690 SE 15TH STREET #201 DANIA BEACH, FL 33004 DANIA BEACH, FL 33004 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01292007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-5151488 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 Name THE VAN GENT LAW FIRM A PROFESSIONAL ASSOC Street Address (P.O. Box Number is Not Acceptable) 2881 EAST OAKLAND PARK BOULEVARD **SUITE 212** FORT LAUDERDALE, FL 33306 City Zip Code FI 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change TITLE TITLE ☐ Addition ☐ Delete NAME WEBER, ERWIN NAME 690 SE 15TH STREET #201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DANIA BEACH, FL 33004 CITY-ST-ZIP ☐ Delete □ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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