


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P94000012600 1. Entity Name WEBSTER INSTITUTE OF TECHNOLOGY, INC.	
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Principal Place of Business 3910 US HIGHWAY 301 NORTH SUITE 200 TAMPA, FL 33619	Mailing Address 3910 US HIGHWAY 301 NORTH SUITE 200 TAMPA, FL 33619
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DO NOT WRITE IN THIS SPACE



03082006 No Chg-P CR2E034 (11/05)

4. FEI Number 55-3232768	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RACHEL, ANNETTE C 6551 CENTRAL AVENUE ST. PETERSBURG, FL 33710

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00	9. 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 NAME STREET ADDRESS CITY - ST - ZIP	D RACHEL, ANNETTE C 10102 TARPON DRIVE TREASURE ISLAND, FL 33706
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RHOADS, SHARON C 903 PINELLAS BAYWAY DRIVE, #302 YIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CALLEN, STEPHEN J ROUTE 12, BOX 380 MORGANTOWN, WV 26505
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CALLEN, MICHAEL K 112 LAMPLIGHTER DRIVE MORGANTOWN, WV 26505
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MAYNARD, HAZEL A 144 WILLEY ST MORGANTOWN, WV 26505
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/15/06-80056-007 158.75

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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: Connette Rachel 3-8-06 727381-6551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #