## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## Mar 17, 2006 8:00 am Secretary of State **DOCUMENT # P96000079436** 03-17-2006 90121 001 \*\*\*150.00 WEB PRODUCTS, INC. Mailing Address Principal Place of Business 2339 TAFT STREET 2339 TAFT STREET HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 US' 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 02092006 Applied For City & State City & State 4. FEI Number Se (, 4 65-0706352 Not Applicable Country :: Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 'Name BERNSTEIN, WAYNE E \*Street Address (P.O. Box Number is Not Acceptable) 2339 TAFT STREET HOLLYWOOD, FL 33020 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITI F Delete TITLE BERNSTEIN, WÄYNE E NAME NAME . STREET ADORESS STREET ADDRESS 2339 TAFT STREET HOLLYWOOD, FL 33020 CITY-ST-ZIP. CITY-ST-ZIP TITLE .... TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete 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-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete 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 attackment with an address, with all other like empowered. Mecy 2 ND, 2006 غو والاو - Berstein SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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