


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000010332	
1. Entity Name WEB STREET INC.	

Principal Place of Business 13565 HERITAGE DRIVE SEMINOLE, FL 33776 US	Mailing Address 13565 HERITAGE DRIVE SEMINOLE, FL 33776 US
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2. Principal Place of Business 5101 W. KNOX ST. Suite, Apt. #, etc.	3. Mailing Address 5101 W. KNOX ST. Suite, Apt. #, etc.
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City & State TAMPA FL.	City & State TAMPA, FL.
Zip 34634	Country HILLS

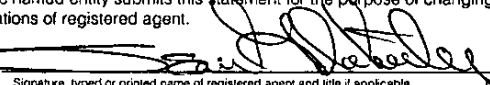
05222006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3429337	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 RASK, THOMAS B 13565 HERITAGE DRIVE SEMINOLE, FL 33776

7. Name and Address of New Registered Agent Name SEAN FLAHERTY Street Address (P.O. Box Number is Not Acceptable) 5101 W. KNOX ST. City TAMPA FL Zip Code 33634
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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:  DATE: 5/22/06

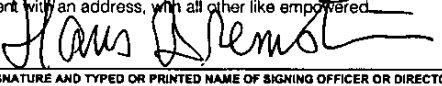
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

Amended AR is \$61.25	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	CEO BREMSTROM, HANS CEO 5101 KNOX ST TAMPA, FL 33634 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. BREMSTROM, ANITA V.P. 5101 KNOX ST TAMPA, FL 33634 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. BREMSTROM, ERIC M V.P. 5101 KNOX ST TAMPA, FL 33634 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600076157886 06/13/06--01045--015 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: 5/22/06 DAYTIME PHONE #: 813-884-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HANS BREMSTROM

FILED
06 MAY 25 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

