2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 17, 2006 8:00 am Secretary of State **DOCUMENT # P97000107557** 04-17-2006 90381 050 ***150.00 1. Entity Name WEB1, INC. Principal Place of Business Mailing Address .ዧህህ~~= 10328 POLO LAKE DR W 10328 POLO LAKE DR W WELLINGTON, FL 33414 WELLINGTON, FL 33414 US 2. Principal Place of Business 3. Mailing Address 917 North Flegter Drive 917 North Suite, Apt. #, etc. Suite, Apt. #, etc 03312006 CR2E034 (11/05) Chg-P 106 106 City & State City & State 4. FEI Number Applied For Wast Falm west Pal 65-0807833 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired us 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent المساعطين John WEBSTER, JOHN Street Address (P.O. Box Number is Not Acceptable) 10328 POLO LAKE DR W WELLINGTON, FL 33414 917 Worth Flagler Drive احل 🐆 Zip Code west Palm Board 8. The above named entity submits this statement toy the durpose 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 agen SIGNATURE typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PΠ TITLE ☐ Delete TITLE Change ☐ Addition WEBSTER, JOHN NAME NAME STREET ADDRESS 10328 POLO LAKE DR W STREET ADDRESS - Drue CITY-ST-7/P WELLINGTON, FL 33414 CITY-ST-ZIP Defete TITLE ☐ Change TITLE ■ Addition 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 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition 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 than the contract of the corporation of the corporatio

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

14/06

Daytime Phone #