


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90010 015 \*\*\*150.00

DOCUMENT # P97000107557	
1. Entity Name WEB1, INC.	

Principal Place of Business 917 N FLAGLER DR # 106 WEST PALM BEACH, FL 33401 US	Mailing Address 917 N FLAGLER DR # 106 WEST PALM BEACH, FL 33401 US
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2. Principal Place of Business - No P.O. Box # 380 Potter Road	3. Mailing Address 380 Potter Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State West Palm Beach FL	City & State West Palm Beach FL
Zip 33405	Country US
City & State West Palm Beach FL	City & State West Palm Beach FL
Zip 33405	Country US



03192007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent WEBSTER, JOHN 917 N FLAGLER DR, # 106 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Webster, John Street Address (P.O. Box Number is Not Acceptable) 380 Potter Road City West Palm Beach FL Zip Code 33405	
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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 John Webster DATE 3/23/07

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBSTER, JOHN 917 N FLAGLER DR, # 106 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 380 Potter Road West Palm Beach FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: John F. Webster President 3/23/07 305  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #