2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2007 08:00 AM DOCUMENT # P98000033915 **Secretary of State** PST WEB, INC. Mailing Address Principal Place of Business 2808 N. FEDERAL HIGHWAY 2808 N. FEDERAL HIGHWAY FORT LAUDERDALE, FL 33306 FORT LAUDERDALE, FL 33306 CR2E034 (11/05) 01042007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0838142 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GUERTIN, PATRICK DO NOT WRITE 4330 N.W. 101ST DRIVE CORAL SPRINGS, FL 33065 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) 000000587748 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 01/17/07-80044-017 150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME **GUERTIN, PATRICK** 4330 N.W. 101ST DRIVE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 impowered 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 vith all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #