2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000062030

Entity Name: WE B JAMMIN PRODUCTIONS, INC.

FILED May 09, 2007 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

2600 SUNRISE LAKES DRIVE 2600 SUNRISE LAKES DRIVE

#303 #209

SUNRISE, FL 33322 SUNRISE, FL 33322

Current Mailing Address: New Mailing Address:

2600 SUNRISE LAKES DRIVE 2600 SUNRISE LAKES DRIVE

#303 #209 SUNRISE, FL 33322 SUNRISE, FL 33322

FEI Number: 65-0933608 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALMONTE, VIVIANO ALMONTE, VIVIANO 2600 SUNRISE LAKE DR 2600 SUNRISE LAKE DR SUNRISE, FL 33322 #209 SUNRISE, FL 33322 US

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.

SIGNATURE: VIVIANO ALMONTE 05/09/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete ALMONTE, VIVIANO Name: Name: ALMONTE, VIVIANO

2600 SUNRISE LAKES DRIVE #303 2600 SUNRISE LAKES DRIVE #209 Address: Address:

SUNRISE, FL 33322 City-St-Zip: SUNRISE, FL 33322 City-St-Zip:

Title: () Delete Title: VPD () Change (X) Addition

Name: Name: ALMONTE, VIVIANO SR

Address: Address: 2600 SUNRISE LAKES DRIVE#209

SUNRISE, FL 33322 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: VIVIANO ALMONTE 05/09/2007