2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 04, 2006 8:00 am Secretary of State DOCUMENT # P99000100909 1. Entity Name 04-04-2006 90043 020 ***150.00 WEBB AIR INC. Principal Place of Business Mailing Address 3568 WILLIAMS STREET LAKE PARK FL 33403-1632 1458 10TH CT LAKE PARK FL 33403 3. Mailing Address 2. Principal Place of Business 126 (oCo Suite, Apt. #, etc. Suite. Apt. #. etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0963497 Jupiter Not Applicable Country \$8.75 Additional Country Zip Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name_ -WEBB, JAMES A Street Address (P.U. Box Number is two Acceptable) 126 COCO TANE 3568 WILLIAMS STREET LAKE PARK FL 33403-1632 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 the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Ageist signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition Change TITLE ☐ Delete TITLE NAME WEBB, JAMES A NAME 126 COCO LANE STREET ADDRESS STREET ADDRESS 3568 WILLIAM ST CITY-ST-ZIP CITY-ST-ZIP LAKE PARK FL 33403 Addition Delete TITLE TITLE WEBB, DANA S NAME 126 COCO LANE TUPITER FL. 334 STREET ADDRESS STREET ADDRESS 3568 WILLIAM ST CITY-ST-7IP CITY-ST-ZIP LAKE PARK FL 33403 ☐ Delete - --FITE F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition HULE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

FILED

2/7/06 561-841-8335