2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004072

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

ANCHORAGE, AK 99503

ANCHORAGE, AK 99503

HARVEY, MUELLER

3900 C STREET

(X) Delete

FILED Jun 15, 2009 Secretary of State

Entity Nar	me: WORLD	TECHNICAL SERVICES, INC.					
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
	ANE, SUITE 1 ELT, MD 2077(
Current Mailing Address:			New Mailing Address:				
	ANE, SUITE 1 ELT, MD 2077(
FEI Number:	92-0172363	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desire	ed ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
2731 EXEG SUITE 4	VICES, INC. CUTIVE PARK FL 33331 US						
	named entity : e of Florida.	submits this statement for the p	ourpose of changing i	its registered	office or registered agent	, or both,	
SIGNATUR	RE:						
	Electror	ic Signature of Registered Age	ent		Date		
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notic	e.			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	C () AMBROSE, RIC 6303 IVY LANE GREENBELT, M	, SUITE 130	Title: Name: Address: City-St-Zip:	C (. CARL, WERN 6303 IVY LAN GREENBELT,	IE, SUITE 130		
Title: Name: Address: City-St-Zip:	P () BERNARDY, G 6303 IVY LANE GREENBELT, M	, SUITE 130	Title: Name: Address: City-St-Zip:	P (, WILLIAM, SAI 6303 IVY LAN GREENBELT,	IE, SUITE 130		
Title: Name:	S () HARVEY, MUEI	Delete LLER	Title: Name:	S (RONALD, FOL			

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

ANCHORAGE, AK 99503

() Change () Addition

SIGNATURE: WILLIAM SAMPLE P 06/15/2009