2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Jan 24, 2005 08:00 AM Secretary of State DOCUMENT # F10317 1. Entity Name WORLDWIDE PROPERTIES U.S.A., INC. Principal Place of Business Mailing Address 429 ALEXANDER PALM ROAD BOCA RATON FL 33432 429 ALEXANDER PALM ROAD **BOCA RATON FL 33432** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For 4. FEI Number City & State City & State 59-2039943 Not Applicat Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TERRY, EDMUND Street Address (P O Box Number is Not Acceptable) 429 ALEXANDER PALM ROAD **BOCA RATON FL 33432** Zip Code City 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 accer the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May B After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change ☐ Aridita Hills HILE ☐ Defete TERRY, EDMUND MANAF NAME U00000189960 STREET ADDRESS 429 ALEXANDER PALM ROAD STREET ADDRESS 01/24/05-80116-015 150.00 CHY-ST-ZIP **BOCA RATON FL** CITY ST-2IP 🔲 Aridita ٧S ☐ Detete HHE ☐ Change TOTALE NAME TERRY, BARBARA NAME STREET ADDRESS 429 ALEXANDER PALM RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Delete TITLE ☐ Change Addition TITLE NAMO NAME STREET ADDRESS STREET ADDRESS CHY-ST-7/2 CITY - ST - ZIP T Addis THTLE ☐ Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST-7IP ☐ Delete Change Addition MILE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-78P Change Adriilia TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - ST - ZiP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 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 changed, or on an attachment with an address, with all other like empowered.

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

1-20-05 56/368285