2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90373 031 ***150.00 DOCUMENT # P01000057933 L & J WORLDWIDE CORPORATION Principal Place of Business Mailing Address 7061 S TAMIAMI TRAIL 40051044 7061 S TAMIAMI TRAIL SARASOTA, FL 34231 SARASOTA, FL 34231 2. Princinal Place of Business 3. Majling Address E 7282 5514 7282 5514 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01272006 Chg-P 205 205 City & State City & State Applied For 4. FEI Number CL radendon 65-1114623 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 11 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARDI, LES CPA Street Address (P.O. Box Number is Not Acceptable) 7061 S TAMIAMI TRAIL SARASOTA, FL 34231 City Zip Code 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☑.Change ☐ Addition Delete TITLE TITLE NAME MERINO, FRANCISCO NAME 7282 55th AVE. E. #205 7061-S-TAMIAMI-TRAIL STREET ADDRESS STREET ADDRESS radenton Fr 34203 CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP Delete Se = ☐ Change Addition TITLE TITLE Edward Seitz P.O. Box 5868 NAME NAME STREET ADDRESS STREET ADDRESS 34277-5868 CITY-ST-ZIP CITY-ST-ZIP Sarasota ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP ☐ Change Addition TITLE ☐ Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing 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 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.

CITY-ST-7IP

TITLE NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY+ST-7IP

STREET ADDRESS

CITY-ST-ZIP

FO ANUS SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR SIGNATURE: