2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: Serow

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # P04000147587** 04-06-2005 90116 006 ***150.00 WORLDWIDE REALTY SERVICES, INC. Principal Place of Business Mailing Address 141 ALEXANDER PALM ROAD BOCA RATON FL 33432 141 ALEXANDER PALM ROAD **BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Same Saml Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4/ FEI Number Applied For 20 - 27.39 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BAKER, SUSAN Street Address (P.O. Box Number is Not Acceptable) 141 ALEXANDER PALM ROAD **BOCA RATON FL' 33432** 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of ingratinged agent and title if applicable SIGNATURE -DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 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. TITLE Delete THLE Change Addition NAME BAKER, SUSAN NAME 141 ALEXANDER PALM ROAD STREET ADDRESS STREET ADDRESS CUY-ST-7IP **BOCA RATON FL 33432** CITY-ST-7P TITLE TITLE Detete ☐ Addition ☐ Chappe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP MLE TITLE ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deleta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), 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