


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90111 047 \*\*\*150.00

**DOCUMENT # P94000005656**

1. Entity Name  
 WORLDWIDE FIBER OPTICS, INC.



40061959



Principal Place of Business  
 3505 PARKWAY CENTER CT.  
 ORLANDO, FL 32808 US

Mailing Address  
 20 N ORANGE AVE.  
 STE 600  
 ORLANDO, FL 32801 US

01172006 Chg-P CR2E034 (11/05)

2. Principal Place of Business  
 17533 DEER ISLE Cir.  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Winter Garden, FL

City & State

Zip  
 34787

Country

Country

4. FEI Number  
 59-3215884

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENDRY, STONER, DELANCETT & BROWN, P.A.  
 20 N. ORANGE AVENUE  
 SUITE 600  
 ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name  
 Hendry, Stoner, Calandrino & Brown, P.A.

Street Address (P.O. Box Number is Not Acceptable)

City  
 FL

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.

By: *[Signature]* 2/18/06

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECKER, ELIZABETH E 7117 ROTHCHILD CT. ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17533 DEER ISLE CIRCLE WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: *[Signature]* 3-26-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_