

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S79782
 1. Entity Name
ADVANCED TECHNOLOGIES WORLDWIDE, INC.



FILED
Feb 16, 2004 08:00 AM
Secretary of State

Principal Place of Business 520 CHALLENGER RD CAPE CANAVERAL, FL 32920 US	Mailing Address P.O. BOX 321086 COCOA BCH., FL 32932
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01262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3078893	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, JOAN H.
 520 CHALLENGER ROAD
 CAPE CANAVERAL, FL 32920

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00

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

U00000054600
 02/17/04-80003-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ORTIZ, JOAN H. 385 CEDAR AVE. COCOA BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ORTIZ, JOAN H. 385 CEDAR AVE. COCOA BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ORTIZ, DEBRA A. 190 OAK AVE COCOA BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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. 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 files empowered.

SIGNATURE: Joan H. Ortiz **JOAN ORTIZ** 2/6/04 321-783-8626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #