


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 08:00 AM**  
**Secretary of State**

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



Principal Place of Business      Mailing Address  
**520 CHALLENGER RD**      **P.O. BOX 321086**  
**CAPE CANAVERAL, FL 32920 US**      **COCOA BCH., FL 32932**

**DO NOT WRITE IN THIS SPACE**



02122005      No Chg-P      CR2E034 (10/03)

4. FEI Number  
**59-3078893**      Applied For  
 Not Applicable

5. Certificate of Status Desired            **\$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 \_\_\_\_\_ 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, 2005 Fee will be \$550.00**

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

1000000243469  
 02/25/05-80039-014 150.00

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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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 like empowered.

SIGNATURE: Joan H. Ortiz      **JOAN ORTIZ**      2/14/05      321-783-5626  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #