


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 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**



03102006    No Chg-P    CRZE034 (11/05)

4. FEI Number      Applied For  
**59-3078893**       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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reactivating)      DATE \_\_\_\_\_

**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

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	

**DO NOT WRITE IN THIS SPACE**

000001467128  
 03/23/06-80035-011 150.00

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: *Joan H. Ortiz*      **JOAN H. ORTIZ**      3/10/06      321-783-5626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Oystera Phone #