

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000005088

**Entity Name:** ANOTHER WORLD SERVICES, INC.

**FILED**  
**Feb 24, 2017**  
**Secretary of State**  
**CC5424827503**

**Current Principal Place of Business:**

135 JENKINS STREET  
SUITE 105B-137  
ST.AUGUSTINE, FL 32086

**Current Mailing Address:**

135 JENKINS STREET  
SUITE 105B-137  
ST.AUGUSTINE, FL 32086 US

**FEI Number:** 23-3101142

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORNEAL, SETH D  
509 ANASTASIA BLVD.  
ST. AUGUSTINE, FL 32080 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHRM  
Name KOENIG, FRANK  
Address 135 JENKINS STREET  
SUITE 105B-137  
City-State-Zip: ST.AUGUSTINE FL 32086

Title PT  
Name KOENIG, FRANK  
Address 135 JENKINS STREET  
SUITE 105B-137  
City-State-Zip: ST.AUGUSTINE FL 32086

Title VCHR  
Name KOENIG, KIRSTEN  
Address 135 JENKINS STREET  
SUITE 105B-137  
City-State-Zip: ST.AUGUSTINE FL 32086

Title VPS  
Name KOENIG, KIRSTEN  
Address 135 JENKINS STREET  
SUITE 105B-137  
City-State-Zip: ST.AUGUSTINE FL 32086

Title SECRETARY  
Name KOENIG, KIRSTEN  
Address 135 JENKINS STREET  
SUITE 105B-137  
City-State-Zip: ST.AUGUSTINE FL 32086

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRANK KOENIG

**PRESIDENT**

**02/24/2017**

Electronic Signature of Signing Officer/Director Detail

Date