

# ANNUAL REPORT (AR)

DOCUMENT # 361361

1. Entity Name

NEW WORLD SERVICES, INC.



**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business  
P.O. BOX 555237  
ORLANDO FL 32855

Mailing Address  
P.O. BOX 555237  
ORLANDO FL 32855



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-1311417

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORALL JR, BEN  
6266 WHISPERING WAY  
202  
ORLANDO FL 32810

Name

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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 PD ☐ Delete  
NAME MORALL JR, BEN  
STREET ADDRESS 6266 WHISPERING WAY  
CITY- ST- ZIP ORLANDO FL 32807

TITLE ☐ Change ☐ Addition  
NAME 000000671238  
STREET ADDRESS 03/28/07-80020-003 150.00  
CITY- ST- ZIP

TITLE VD ☐ Delete  
NAME MORALL, DORIS S.  
STREET ADDRESS 6266 WHISPERING WAY  
CITY- ST- ZIP ORLANDO FL 32807

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE STD ☐ Delete  
NAME MORALL, DENIYA  
STREET ADDRESS 6266 WHISPERING WAY  
CITY- ST- ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Doris S. Morall* - Doris S. Morall  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/07 407-277-1900  
Date Daytime Phone #