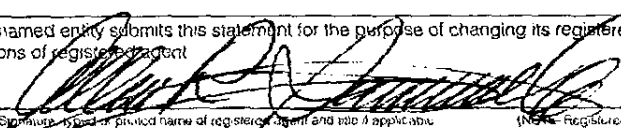


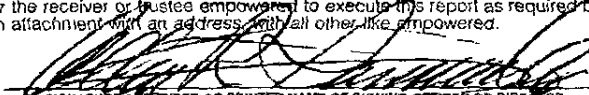
2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 401901 1. Entity Name WORLD WIDE RESEARCH AND INVESTMENTS, INC.					
Principal Place of Business 6740 CROSSWINDS DRIVE, SUITE K-1 P.O. BOX 40566 ST. PETERSBURG FL 33743 US			Mailing Address P.O. BOX 40566 ST. PETERSBURG FL 33743 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1493170	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAMUELS, ALLEN R 6740 CROSSWINDS DR NORTH STE K-1 P.O.BOX 40566 ST.PETERSBURG FL 33743				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE 				DATE 1/24/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD ☐ Delete NAME SAMUELS, ALLEN R STREET ADDRESS 6740 N. CROSSWINDS DRIVE, SUITE G CITY-ST-ZIP ST. PETERSBURG FL				TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VD ☐ Delete NAME SAMUELS, SCOTT STREET ADDRESS 6740 CROSSWINDS DRIVE, N., SUITE G CITY-ST-ZIP ST. PETERSBURG FL				TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Add 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone if

1/24/06 727-667-71