

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 626495

1. Entity Name
WORLD-WIDE REAL ESTATE CONSULTANTS, INC.



Principal Place of Business
**7 INDIAN RIVER AVE
APT 1204
TITUSVILLE, FL 32796**

Mailing Address
**7 INDIAN RIVER AVE
APT 1204
TITUSVILLE, FL 32796**



04102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1951160

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VAN ENGELENBURG, WILLIAM
7 INDIAN RIVER AVE
APT 1204
TITUSVILLE, FL 32796**

**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

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

(NOTE: Registered Agent signature required when relocating)

DATE

10 APR 10 08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
**PD
VAN ENGELENBURG, WILLIAM
7 INDIAN RIVER AVE APT 1204
TITUSVILLE, FL 32796**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
VAN ENGELENBURG, WC III
26452 137TH AVE SE
KENT, WA 98042**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
VAN ENGELENBURG, ELIJE H
7 INDIAN RIVER AVE APT 1204
TITUSVILLE, FL 32796**

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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04/23/08-80091-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-08 321-268-5813