

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90042 005 \*\*\*150.00

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01232006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # 660055</b>					
1. Entity Name WORLD ELECTRONICS, INC.					
Principal Place of Business 10794 NW 53 STREET SUNRISE, FL 33351 US			Mailing Address 10794 NW 53 STREET SUNRISE, FL 33351 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1986890	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARRETT, PHILIP R 1969 COQUINA WAY CORAL SPRINGS, FL 33071			7. Name and Address of New Registered Agent Name: <u>BEATE BARRETT</u> Street Address (P.O. Box Number is Not Acceptable): <u>1969 COQUINA WAY</u> City: <u>CORAL SPRINGS</u> FL Zip Code: <u>33071</u>		
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: <u>Beate L. Barrett</u> <u>BEATE L. BARRETT</u> <u>1/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRETT, PHILIP R 1969 COQUINA WAY CORAL SPRINGS, FL 33071 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRETT, BEATE 1969 COQUINA WAY CORAL SPRINGS FL 3307 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHWARTZ, ROY I. 5307 NW 118 AVE CORAL GABLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELTZER, EDWARD A. 535 OCEAN DRIVE GOLDEN BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 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: <u>Beate L. Barrett</u> <u>BEATE L. BARRETT</u> <u>1/27/06</u> <u>954-318-1044</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					