## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # F03000000588

1. Entity Name

SIGNATURE:

WORLD SAVINGS INSURANGE AGENCY, INC.

FILED
May 03, 2005 08:00 AN
Secretary of State

<u> </u>				<u> </u>						
Principal Plac	e of Business	Mailing Address								
	STREET, SL2WI DRO CA 94577	794 DAVIS STREET, SL2WI SAN LEANDRO CA 94577			}					
SMIN LEAINL	NO CA 94377	-	7 ( LUP							
<del>-</del>	<del>,</del>	<del></del>	<del>۔ بے بہدر</del>	<del></del>		}}}				
2. Principal P	lace of Business	3. Mailing Address	dress			1				<b>   1                                  </b>
Suite, Apt #, etc		Suite, Apt #, etc.				1st MOORE CR2E034 (10/04)				
City & Stat	e	City & State		4.	4. FEI Number 94-3407581 Applied For Not Applicable					
Zip	Country Zip		Cour	Country		5. Certificate of Status Desired				
	6. Name and Address of Current	Registered Agent			7.	Name and	i Address of New Regi	stered A	gent	
CORRORATION CERVICE COMPANY				Name						
	RPORATION SERVICE COM 1 HAYS STREET	PANY		Street Address (P.O. Box Number is Not Acceptable)						
	LAHASSEE FL 32301-2525	i								
				Cin	<del></del>	<del> </del>	-		Zip Cod	
				City				FL		
	named entity submits this statement for tions of registered agent.	or the purpose of changing i	ts register	ed office or reg	gistered.	agent, or bo	oth, in the State of Florid	a. I am f	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	ārd lījie i applicable (NC	TE Registere	ed Agent signature re	equired whe	n reinstating)		DATE	<del></del>	<del></del>
	ILE NOW!!! FEE IS \$150,00			<del> </del>		<del></del>				<del></del>
	May 1, 2005 Fee Will Be \$550.0				,		<ol> <li>Election Campaign</li> <li>Trust Fund Contrib</li> </ol>			00 May Be
Make Chec	k Payable to Florida Department o									
10.	OFFICERS AND	<del></del>	11.	TILE		ADDITIONS	/CHANGES TO OFFICE	RS AND	<del></del>	
TITLE NAME	FERREL, JOHN J SR.	Delete	NAN.	1					☐ Change	☐ Addillon
STREET ADDRESS	794 DAVIS STREET, SL2WI	•	STR	FET ADDRESS						
CITY-ST-ZIP	SAN LEANDRO CA 94577		CITY	(-ST-ZIP			<del></del>			
TITLE NAME	S CLIANDIN	☐ Delete	TITL NAM	1			000000359 05/05/05-800	888	Change	Addition
STREET ADDRESS	SAX, SHAWN K 1901 HARRISON STREET			EET ADDRESS			05/05/05-800	11-00	7 150.0	10
CITY+ST-ZIP	OAKLAND CA 94577		CITY	Y-ST-ZIP						
TITLE	Ţ	☐ Delete	TITI	i		,			☐ Change	Addition
NAME STREET ADDRESS	NUNAN, WILLIAM		NAN Sin	AE FEFADDHESS						
CITY-ST-ZIP	OAKLAND CA 94577			(-S1-ZIP						
TITLE	D	☐ Defete	ta	f		<del>:-</del>			Change	Addition
NAME	KETTEL, RUSSELL W		AAN							
STREET ADDRESS GITY-ST-ZIP	1901 HARRISON STREET OAKLAND CA 94577			EET ADDRESS Y-ST-ZIP						
	D D	II pour	THE			<del></del>			☐ Change	☐ Addition
TITLE NAME	ROSTER, MICHAEL	☐ Delete	NAS						— cuange	□1 √dai@at
STREET ADDRESS	1901 HARRISON STREET	-	4	EET ADDRESS						
CITY-SI-SIP	OAKLAND CA 94577	·	City	r-SI-ZIP		<del></del> _				
TITLE	D SANDLER, HERBERT M	☐ Delete	101	1					☐ Change	🔲 Adoliii, *
NAME STREET ADDRESS	1901 HARRISON STREET		NAM STR	AE EET ADDRESS						
CITY-ST-ZIP	OAKLAND CA 94577		1	Y-Si-ZIF						
12. I hereby	certify that the information supplied wit	h this filing does not qualify	for the exe	emption stated	in Section	on 119.07(3)	)(i), Florida Statutes, i fu	rther cer	tify that the i	nformation
l indicatéd	d on this report or supplemental report rporation or the receiver or trustee emp	is true and accurate and tha	t mv siana	ature shall have	e the san	ne legal effe	ct as if made under oat	h, that I a	ım an officei	or director
changed	, or on an attachment with an address,	with all other like empowere	ed.					"		

Shawn K. Sax, Secretary SHAWN GOND OFFICER OR DIRECTOR