

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003014

FILED
Apr 10, 2009
Secretary of State

Entity Name: WORLD WIDE METRIC, INC.

Current Principal Place of Business:

67 VERONICA AVENUE
SOMERSET, NJ 08873

New Principal Place of Business:

3406 SW 26TH TERR STE C-6
FORT LADERDALE, FL 33312 US

Current Mailing Address:

P.O. BOX 5478
SOMERSET, NJ 088755478 US

New Mailing Address:

P.O. BOX 5267
NORTH BRANCH, NJ 088761303 US

FEI Number: 11-2781228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

XANTHIPPI, BATISTIC E VP
WORLD WIDE METRIC
3406 SW 26 TERR STE C-6
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CONTOS, CONSTANTINOS G
Address: 24 FORTY OAKS ROAD
City-St-Zip: WHITEHOUSE STATION, NJ 08889

Title: V () Delete
Name: CONTOS, GEORGE
Address: 6 RIVER BEND ROAD
City-St-Zip: CLINTON, NJ 08809

Title: S () Delete
Name: CONTOS, GARY L
Address: 24 FORTY OAKS ROAD
City-St-Zip: WHITEHOUSE STATION, NJ 08889

Title: T () Delete
Name: CONTOS, THEODORE C
Address: 103 QUAIL CREEK
City-St-Zip: PRINCETON, NJ 08540

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: BATISTIC, XANTHIPPI E
Address: 6951 S.W. 8TH COURTH
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY LOUISE CONTOS

S

04/10/2009

Electronic Signature of Signing Officer or Director

Date