2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State DOCUMENT # F06000007661 03-01-2007 90009 026 ***150.00 1. Entity Name DUST-TEX WORLDWIDE CORPORATION, INC. Principal Place of Business Mailing Address 40026551 121 BROAD STREET 121 BROAD STREET CLEVELAND, TN 37311-5928 CLEVELAND, TN 37311-5928 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 780 NW. 42 AVE. 780 NW 42 AVE. Suite, Apt. #, etc. SUITE #416 Suite, Apt. #, etc. SUITE #416 02162007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. EEI Number 20-2926716 Not Applicable MIAMI, FL. MIAMI. FL \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 33126 33126 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORDOVA, ANGEL D Street Address (P.O. Box Number is Not Acceptable) 780 NW 42 AVENUE SUITE 416 MIAMI, FL 33126 City Zip Code FL 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 (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change Addition TITLE DS. Defete TITLE DS VILLANUEVA, FACUNDO MARIA NAME NAME VILLANUEVA, FACUNDO M. STREET ADDRESS 121 BROAD STREET STREET ADDRESS 780 NW 42 AVE, #416 CITY-ST-ZIP CITY-ST-ZIP **CLEVELAND, TN 373115928** MIAMI, FL. 331262 Delete DP Addition DP TITLE Change TITLE IVAKHOFF, IVAN IVAKHOFF, IVAN NAME NAME STREET ADDRESS 780 NW 42 AVE, #416 121 BROAD STREET STREET ADDRESS MIAMI, FL. 33126 CITY-ST-ZIP CITY-ST-71P CLEVELAND, TN 373115928 ☐ Delete FITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP fing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. Thereby certify that the information supplied with indicated on this report or supplem of the corporation or the receiver

other like empowered

ITED NAME OF SIGNING OFFICER OR DIRECTOR

FACUNDO M. VILLANUEVA, DIR. 02/16/07

changed, or on an attachment

SIGNATURE: X

FILED Mar 01, 2007 8:00 am