2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001952

Title:

Name:

Address:

City-St-Zip:

FILED Jul 03, 2008 Secretary of State

Entity Nan	ne: WORLDV	VIDE SPECIALTY PROGRAN	IS, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
990 STEWART AVE. GARDEN CITY, NY 11530				68 SOUTH SERVICE ROAD SUITE 235 MELVILLE, NY 11747			
Current Mailing Address:				New Mailing Address:			
990 STEWART AVE. GARDEN CITY, NY 11530				68 SOUTH SERVICE ROAD SUITE 235 MELVILLE, NY 11747			
FEI Number:	11-2250634	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status De	esired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	WINTER GARI	CORPORATE SERVICES, IN DEN DR. US	IC				
The above in the State		ubmits this statement for the p	ourpose o	f changing it	ts registered	office or registered ag	ent, or both,
SIGNATUR							
Electronic Signature of Registered Agent				Date			
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	ot receive t	he prior notice	e.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PD () TAYLOR, DORC 990 STEWART GARDEN CITY,	AVE.		Title: Name: Address: City-St-Zip:	TAYLOR, DO	RVICE ROAD, SUITE 235	
Title: Name: Address: City-St-Zip:	BENCIVENGÀ, L 990 STEWART GARDEN CITY,	AVE. NY 11530		Title: Name: Address: City-St-Zip:	BENCIVENGA 68 SOUTH SE MELVILLE, N	RVICE, SUITE 235 Y 11747	
Title: Name: Address: City-St-Zip:	STD () LESBERG, EILE 990 STEWART, GARDEN CITY,	AVE.		Title: Name: Address: City-St-Zip:	S () BENCIVENGA 68 SOUTH SE MELVILLE, N	RVICE ROAD	

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 an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LYNN BENCIVENGA S 07/03/2008

() Delete

() Change (X) Addition

68 SOUTH SERVICE ROAD, SUITE 235

TAYLOR, DOROTHY

MELVILLE, NY 11747