

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001952

FILED  
Jun 29, 2009  
Secretary of State

Entity Name: WORLD WIDE SPECIALTY PROGRAMS, INC.

## Current Principal Place of Business:

68 SOUTH SERVICE ROAD  
SUITE 235  
MELVILLE, NY 11747

## New Principal Place of Business:

## Current Mailing Address:

68 SOUTH SERVICE ROAD  
SUITE 235  
MELVILLE, NY 11747

## New Mailing Address:

FEI Number: 11-2250634

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TAYLOR, DOROTHY  
Address: 68 SOUTH SERVICE ROAD, SUITE 235  
City-St-Zip: MELVILLE, NY 11747

Title: V ( ) Delete  
Name: BENCIVENGA, LYNN  
Address: 68 SOUTH SERVICE, SUITE 235  
City-St-Zip: MELVILLE, NY 11747

Title: S ( ) Delete  
Name: BENCIVENGA, LYNN  
Address: 68 SOUTH SERVICE ROAD  
City-St-Zip: MELVILLE, NY 11747

Title: T ( ) Delete  
Name: TAYLOR, DOROTHY  
Address: 68 SOUTH SERVICE ROAD, SUITE 235  
City-St-Zip: MELVILLE, NY 11747

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: V ( ) Change (X) Addition  
Name: DOLOBOFF, ALAN  
Address: 68 SOUTH SERVICE ROAD, SUITE 235  
City-St-Zip: MELVILLE, NY 11747

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: LYNN BENCIVENGA

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06/29/2009

Electronic Signature of Signing Officer or Director

Date