2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 06, 2006 8:00 am Secretary of State DOCUMENT # F10317 1. Entity Name 02-06-2006 90088 018 ***150.00 WORLDWIDE PROPERTIES U.S.A., INC. Principal Place of Business Mailing Address 211 ALEXANDER PALM ROAD 211 ALEXANDER PALM ROAD **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2039943 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired .Fee.Required.... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TERRY, EDMUND Street Address (P.O. Box Number is Not Acceptable) ZII ALEXANDER PALM ROAD 211 - 429 ALEXANDER PALM ROAD **BOCA RATON FL 33432** I do not understand why you have Zip Code missed changing from 429 to 211 8. The above named entity submits this statement for the te of Florida. I am familiar with, and accept as the correct address in box 6. the obligations of registered agent. You made the change everywhere **Edmund Terry** Signature, typed or printed name of registerer ager FILE NOW!!! FEE IS \$150.00 Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 nd Contribution. Added to Fees Make Check Payable to Florida Department of Sta Tel: 561-368-2856 211 Alexander Palm Road Fax: 561 368-0130 10. OFFICERS AND DIRE O OFFICERS AND DIRECTORS IN 11 Boca Raton, Florida 33432 TITLE Change Addition NAME TERRY, EDMUND STREET ADDRESS STREET ADDRESS 211 ALEXANDER PALM ROAD CITY-ST-7IP CITY-ST-7/P **BOCA RATON FL** TITLE ☐ Defete TITLE Change ☐ Addition TERRY, BARBARA MAME NAME STREET ADDRESS 211 ALEXANDER PALM ROAD STREET ADDRESS City-St-ZiP **BOCA RATON FL 33432** CITY-ST-ZEP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

1-2406 561-3682856