2007 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) FILED DOCUMENT # F10317 Jan 24, 2007 08:00 AN Secretary of State 1. Entity Namo 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 - No P.O. Box # 3. Mailing Address Suite, Apt # etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 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 EDMUND, TERRY 211 ALEXANDER PALM ROAD Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33432** City Zip Code 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 Signature, typed or printed name of registered agent and title / applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete 31888 Change Addition TERRY, EDMUND NAME U00000601315 01/26/07-80045-008 150.00 211 ALEXANDER PALM ROAD STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY ST ZIP CHY SEZIP mi Delete ☐ Change Addition TERRY, BARBARA NAMI NAME 211 ALEXANDER PALM ROAD STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY ST-707 CHY SEZIP HILE ☐ Defete ШП ☐ Change Addition NAME NAME STITLL ADDRESS SIBLE LADORESS CITY ST /IP CITY SI ZIP HILE ☐ Delete TITLE Change Addition NAME NAME SHELL ADDRESS STREET ADDRESS CITY SI ZIP CHY SE ZIP ☐ Delete m DUE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET LADDRESS CITY ST ZIP CATY-SEZIP ☐ Change HILL Delete HHE ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY ST ZIP CITY SI-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 eath, 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:

D NAME OF SIGNING OFFICER OR DIRECTOR