


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000003967 1. Entity Name WORLDWIDE INSURANCE ASSOCIATES, INCORPORATED		
Principal Place of Business 600 CAMERON STREET ALEXANDRA, VA 22314 US	Mailing Address 600 CAMERON STREET ALEXANDRA, VA 22314 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ALMARAZ, JAMES L WORLDWIDE INSURANCE ASSOCIATES, INC. 7200 NW 19TH STREET, STE. 300 MIAMI, FL 33126		
DO NOT WRITE IN THIS SPACE		
B. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP GROPE, RICHARD B 6832 PINEWAY UNIVERSITY PARK, MD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV MCKENTY, RUTH A 331 N PITT STREET ALEXANDRIA, VA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT ALMARAZ, JAMES L 9820 NW 47TH TERR. MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Ruth A. McKenty</u> <u>Ruth McKenty</u> <u>1/13/06</u> <u>703-340-1671</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 54-1680483	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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01/25/06-80027-012 158.75