

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001130

FILED
Aug 31, 2004
Secretary of State

Entity Name: WORLDWIDE SPORT NUTRITIONAL SUPPLEMENTS, INC.

Current Principal Place of Business:

6111 BROKEN SOUND PARKWAY NW
BOCA RATON, FL 33487

New Principal Place of Business:

90 ORVILLE DRIVE
BOHEMIA, NY 11716

Current Mailing Address:

6111 BROKEN SOUND PARKWAY NW
BOCA RATON, FL 33487

New Mailing Address:

90 ORVILLE DRIVE
BOHEMIA, NY 11716

FEI Number: 16-1477378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: VPS () Delete
Name: WERBER, RICHARD
Address: 6111 BROKEN SOUND PARKWAY NW
City-St-Zip: BOCA RATON, FL 33487

Title: CEO () Delete
Name: DENISCO, RALPH
Address: 6111 BROKEN SOUND PKWY, NW
City-St-Zip: BOCA RATON, FL 33487

Title: VPT () Delete
Name: DESIMONE, JOHN
Address: 6111 BROKEN SOUND PKWY, NW
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: VAN WEL, PETER
Address: 6111 BROKEN SOUND PKWY, NW
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KAMIL, HARVEY
Address: 90 ORVILLE DRIVE
City-St-Zip: BOHEMIA, NY 11716

Title: D (X) Change () Addition
Name: SLADE, MICHAEL C
Address: 90 ORVILLE DRIVE
City-St-Zip: BOHEMIA, NY 11716

Title: PRES (X) Change () Addition
Name: KAMIL, HARVEY
Address: 90 ORVILLE DRIVE
City-St-Zip: BOHEMIA, NY 11716

Title: SEC (X) Change () Addition
Name: SLADE, MICHAEL C
Address: 90 ORVILLE DRIVE
City-St-Zip: BOHEMIA, NY 11716

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL C. SLADE

SEC

08/31/2004

Electronic Signature of Signing Officer or Director

Date