


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 16, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000001130 1. Entity Name WORLDWIDE SPORT NUTRITIONAL SUPPLEMENTS, INC.	
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Principal Place of Business 90 ORVILLE DRIVE BOHEMIA, NY 11716	Mailing Address 90 ORVILLE DRIVE BOHEMIA, NY 11716
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DO NOT WRITE IN THIS SPACE



07272005 No Chg-P CR2E034 (10/03)

4. FEI Number 16-1477378	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature _____ registered agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAMIL, HARVEY 90 ORVILLE DRIVE BOHEMIA, NY 11716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SLADE, MICHAEL C 90 ORVILLE DRIVE BOHEMIA, NY 11716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES KAMIL, HARVEY 90 ORVILLE DRIVE BOHEMIA, NY 11716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC SLADE, MICHAEL C 90 ORVILLE DRIVE BOHEMIA, NY 11716
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09/16/05-80002-006 550.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Michael C. Slade 8/29/05 631-218-7469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #