

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000001130

1. Entity Name
**WORLDWIDE SPORT NUTRITIONAL SUPPLEMENTS,
INC.**



Principal Place of Business
**90 ORVILLE DRIVE
BOHEMIA, NY 11716**

Mailing Address
**90 ORVILLE DRIVE
BOHEMIA, NY 11716**



07102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1477378

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

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**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000572085
07/25/06-80016-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #