


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F99000005616

1. Entity Name
WORLD WIDE FINANCIAL SERVICES, INC.



FILED
05 JUL 12 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 26500NORTHWESTERN HWY 4TH FLOOR SUITE 310 SOUTHFIELD, MI 48076 US	Mailing Address 26500NORTHWESTERN HWY 4TH FLOOR SUITE 310 SOUTHFIELD, MI 48076 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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05232005 REIN-P CR2E098 (6/04)

City & State	City & State
Zip	Country

4. FEI Number 38-2949962	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 FLORIDA COMPLIANCE SPECIALISTS 2331 HANSEN PLACE TALLAHASSEE, FL	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____
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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 *Howard M. Babcock, V.P.* DATE 7-11-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WOLFE, JACK B <input type="checkbox"/> Delete 26500 NORTHWESTERN HWY 4TH FLOOR SOUTHFIELD, MI 48076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS JACOB, ANDREW C <input type="checkbox"/> Delete 26500 NORTHWESTERN HWY 4TH FLOOR SOUTHFIELD, MI 48076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BABCOCK, HOWARD M <input type="checkbox"/> Delete 26500 NORTHWESTERN HWY 4TH FLOOR SOUTHFIELD, MI 48076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXVP BABCOCK, HOWARD M <input type="checkbox"/> Delete 26500 NORTHWESTERN HWY 4TH FLOOR SOUTHFIELD, MI 48076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO SILVERSTEIN, ROBERT S <input type="checkbox"/> Delete 26500 NORTHWESTERN HWY 4TH FLOOR SOUTHFIELD, MI 48076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXVP SILVERSTEIN, ROBERT S <input type="checkbox"/> Delete 26500 NORTHWESTERN HWY 4TH FLOOR SOUTHFIELD, MI 48076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

100056578781
06/28/05--01003--009 **900.00

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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: *Howard M. Babcock* DATE 6-24-05 DAYTIME PHONE # 248-9736-6003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR