2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 02, 2004 08:00 AM DOCUMENT # K44151 **Secretary of State** 1. Entity Name WORLDWIDE TECHNICAL SERVICES, INC. Mailing Address Principal Place of Business 2016 MT PLEASANT RD WESTVILLE FL 32464 2016 MT PLEASANT RD WESTVILLE FL 32464 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc Suite, Apt. #. etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-0084949 Not Applicable Zφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SMITH, JERRY 2016 MT PLEASANT RD Street Address (P.O. Box Number is Not Acceptable) WESTVILLE FL 32464 City Zip Code 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 little if applicable (NOTE, Registered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Electron Campaigni Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 BILE D ☐ Detete 3133 F Change Addition SMITH, JERRY U00000029225 02/04/04-80057-014 150.00 MAME NAME STREET ADDRESS STREET ADDRESS 2016 MT PLEASANT RD WESTVILLE FL 32464 CITY-ST-ZW CITY-ST-ZIP ☐ Change TITLE ☐ Delete 3331.5 Addition NAME NAME STREET ADDRESS STREET ADDRESS CSTY-ST-ZIP City-St-759 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BIRE ☐ Defete 31B F Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-78P CITY - ST - ZIP 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 two and accurate and that my signature shall have the same legal effect as it 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.

FILED

850.956.2267