2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 05, 2007 08:00 Al Secretary of State DOCUMENT # K44151 1. Entity Name WORLDWIDE TECHNICAL SERVICES, INC. Principal Place of Business Mailing Address 2016 MT PLEASANT RD 2016 MT PLEASANT RD WESTVILLE FL 32464 WESTVILLE FL 32464 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0084949 Not Applicable Zip Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, JERRY Street Address (P.O. Box Number is Not Acceptable) 2016 MT PLEASANT RD 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 FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THILL ☐ Delete TITLE ☐ Change ■ Addition SMITH, JERRY NAMI NAME 2016 MT PLEASANT RD STREEL ADDRESS STREET ADDRESS WESTVILLE FL 32464 CHY-S1-ZIP CHY-SI-ZIP DIG Delete HILL Change Addition NAMI U000000691436 NAME STREET ADDRESS STRUCT ADDRESS 04/13/07-80010-020 150.00 CITY-S1-7IP CITY-SI-7IP TITLE Delete III±E □ Change ■ Addition MANAG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ШП ☐ Delete THE Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Defete HHE Change ■ Addition NAME NAME STREET ADDRESS SIREET ADDRESS CITY-SI-7/P CHY-SI-ZIP 11111 Defete TITLE ☐ Change Addition NAME NAMI STREET LADORESS STREET ADDRESS CHY-S1-ZIP CHY-S1-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-3-07 850-956-2261