2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

Jan 24, 2007 8:00 am Secretary of State DOCUMENT # K92365 1. Entity Name 01-24-2007 90043 013 ***150.00 WORLD WIDE IMPORT/EXPORT SERVICES, LTD. CO. Principal Place of Business Mailing Address 2488 MAPLELEAF COURT 2488 MAPLELEAF COURT P.O. BOX 5527 P.O. BOX 5527 SPRING HILL FL 34611-5527 SPRING HILL FL 34606 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2448 MAPLELEAF CT Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 11-2367422 SPEING HILL Not Applicable 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 RAIBLE, ANTON J Street Address (P.O. Box Number is Not Acceptable) 2488 MAPLE LEAF CT SPRING HILL FL 34606 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 rapid of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstitling) 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 OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE ☐ Defete ши ☐ Change Addition RAIBLE, ANTON J. NAME NAM 2488 MAPLE LEAF COURT STREET ADDRESS STREET ADDRESS SPRING HILL FL CHY-ST-ZIP CHY ST ZIP D DILLE Delete ☐ Change ■ Addition RAIBLE, ANTON J. NAMI 2488 MAPLE LEAF COURT STREET ADDRESS STREET ADDRESS SPRING HILL FL CHY ST-ZIP CHY ST 7/P шп Delete DITE Change Addition NAM NAM STREET ADDRESS STREET ADORESS CHY ST-ZIP CITY ST ZIP Defete Change ☐ Addition NAM МАМ STREET ADDRESS STRLET ADDRESS CITY ST ZIP CHY ST ZIP HILLE ☐ Delete Change ■ Addition NAMI NAME STREET LADDRESS STREET ADDRESS CITY ST-ZIP CHY SEZIP HITE Delete Addition NAM STREET ADORESS STREET ADORESS CHY-SI-ZIP CITY ST ZIP 12. I hereby certify that the information supplied with this filling 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 eath; 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