
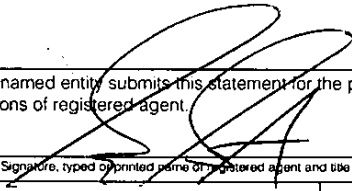


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90019 037 ****50.00

DOCUMENT # L05000064915					
1. Entity Name WORLDWIDE ELEMENTS, LLC					
Principal Place of Business 27805 SW 197 AVENUE HOMESTEAD, FL 33031			Mailing Address 27805 SW 197 AVENUE HOMESTEAD, FL 33031		
2. Principal Place of Business 12 BASS AVENUE		3. Mailing Address 12 BASS AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State KEY LARGO, FL		City & State KEY LARGO, FL			
Zip 33037	Country	Zip 33037	Country		
6. Name and Address of Current Registered Agent STRIBLING, SALLY 27805 SW 197 AVENUE HOMESTEAD, FL 33031			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12 BASS AVENUE City KEY LARGO FL Zip Code 33037		
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  (NOTE: Registered Agent signature required when reinstating) DATE 4-15-06					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRIBLING, SALLY 27805 SW 197 AVENUE HOMESTEAD, FL 33031	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12 BASS AVENUE KEY LARGO, FL 33037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRIBLING, JIM 27805 SW 197 AVENUE HOMESTEAD, FL 33031	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12 BASS AVENUE KEY LARGO, FL 33037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN BEEST, JAN PERZI KLAAN 10 S'GRAVENZANDE NETHERLANDS,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-15-06