


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L86922</b>			
1. Entity Name <b>WORLD WOODS CORPORATION</b>			
Principal Place of Business <b>1 DOUGLAS ST HOMOSASSA, FL 34446 US</b>		Mailing Address <b>ATTN: CONTROLLER P.O. BOX 3809 HOMOSASSA SPRINGS, FL 34447 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04242006 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>65-0206855</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TANIO, JUN ONE DOUGLAS STREET HOMOSASSA, FL 34446</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		<b>U00000541992 05/10/06-80080-010 150.00</b>  <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD INOUE, YUKIHISA 18 UMENOKICHO, SHIMOGAMO KYOTO, JAPAN,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OGASAWARA, YUMICO 18 UMENOKICHO SHIMOGAMO KYOTO, JAPAN,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ISHIHARA, KAYOKO 3-78 YOBITSUGI-CHO AICHI, JAPAN,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOKE, STANLEY 5 RYEWOOD CIR. HOMOSASSA, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. 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 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: <u>Stanley E Cooke VP</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/24/06 352-796-5500 x17 <small>Date Daytime Phone #</small>	