

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000156

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: WORLD RESOURCES GROUP, INC.

## Current Principal Place of Business:

509 FLAMINGO DR.  
ATTN: NELLE SMITH  
WEST PALM BEACH, FL 33401

## New Principal Place of Business:

## Current Mailing Address:

509 FLAMINGO DR.  
ATTN: NELLE SMITH  
WEST PALM BEACH, FL 33401

## New Mailing Address:

509 FLAMINGO DRIVE  
WEST PALM BEACH, FL 33401

FEI Number: 65-0970260

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VALENCIA, HERBERT M  
509 FLAMINGO DR  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: VALENCIA, HERBERT M  
Address: 509 FLAMINGO DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: P ( ) Delete  
Name: ORTEGA, JOSE  
Address: 509 FLAMINGO DR.  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T ( ) Delete  
Name: CUNNINGHAM, PAUL  
Address: 509 FLAMINGO DR.  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: SMITH, NELLE P  
Address: 509 FLAMINGO DR.  
City-St-Zip: WEST PALM BEACH, FL 33401

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: VALENCIA, HERBERT M  
Address: 509 FLAMINGO DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP (X) Change ( ) Addition  
Name: ORTEGA, JOSE  
Address: 509 FLAMINGO DR.  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELLE SMITH

D

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date