2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000156

Entity Name: WORLD RESOURCES GROUP, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 509 FLAMINGO DR. ATTN: NELLE SMITH WEST PALM BEACH, FL 33401 **New Mailing Address: Current 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 (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VALENCIA, HERBERT M 509 FLAMINGO DR WEST PALM BEACH, FL 33401 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete VALENCIA, HERBERT M VALENCIA, HERBERT M Name: Name: 509 FLAMINGO DRIVE Address: 509 FLAMINGO DRIVE Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: WEST PALM BEACH, FL 33401 Title: () Delete Title: (X) Change () Addition ORTEGA, JOSE Name: ORTEGA, JOSE Name: Address: 509 FLAMINGO DR. Address: 509 FLAMINGO DR. WEST PALM BEACH, FL 33401 City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: () Delete Title: (X) Change () Addition CUNNINGHAM, PAUL REAMES, WALTER Name: Name: 509 FLAMINGO DR. Address: Address: 509 FLAMINGO DR. City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: WEST PALM BEACH, FL 33401 Title: () Delete Title: () Change () Addition Name: SMITH, NELLE P Name: Address: 509 FLAMINGO DR. Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: () Delete Title: () Change (X) Addition CUNNINGHAM, PAUL Name: Name: 509 FLAMINGO DRIVE Address: Address: City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33401 Title: () Delete Title: () Change (X) Addition HATAJ, DAVID Name: Name: Address: Address: 509 FLAMINGO DRIVE WEST PALM BEACH, FL 33401 City-St-Zip: 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 P. SMITH D 04/29/2009