


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90137 030 ****70.00

DOCUMENT # N02000005358 1. Entity Name WORLD FOUNDATION FOR SCIENCE, FINANCE AND DEVELOPMENT, II, INC.	
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Principal Place of Business 291 BAL BAY DRIVE BAL HARBOUR, FL 33154	Mailing Address 291 BAL BAY DRIVE 109 BAL HARBOUR, FL 33154
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DO NOT WRITE IN THIS SPACE



02102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 11-3668975	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ADES, DONNA C/O LAW OFFICES OF KEN LANGE 1125 N E 125 STREET SUITE 301 NORTH MIAMI, FL 33161
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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 _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODMAN, ARTHUR 291 BAL BAY DRIVE BAL HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC VENETTIS, THOMAS 680 PEAR TREE LANE GROSSE POINTE, MI 48236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIEVANA, IRENE G 2000 N E 135 STREET, #301 N. MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADES, DONNA 1125 N E 125 STREET, #301 N. MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD GOODMAN, ARTHUR 291 BAL BAY DR #109 BAL HARBOUR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC RONALD A. Petrillo 6801 N.W. 64th St Plantation FL 33137

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: Arthur Goodman ARTHUR GOODMAN PD April 5 2005 305 861 8489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____