2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004
Secretary of State

DOCUMENT# N02000008610

Entity Name: WORLDWIDE HUMANITARIAN SUPPORT, INC.

Current Principal Place of Business:

701 E COMMERCIAL BLVD STE 200
FT LAUDERDALE, FL 33334

New Principal Place of Business:

701 E COMMERCIAL BLVD
SUITE 200
FT LAUDERDALE, FL 33334

Current Mailing Address:

701 E COMMERCIAL BLVD STE 200
FT LAUDERDALE, FL 33334

New Mailing Address:

701 E COMMERCIAL BLVD
SUITE 200
FT LAUDERDALE, FL 33334

FEI Number: 20-0363556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FESSLER, CLAUS
701 E COMMERCIAL BLVD STE 200
FT LAUDERDALE, FL 33334

Name and Address of New Registered Agent:

FESSLER, CLAUS
701 E COMMERCIAL BLVD
SUITE 200
FT LAUDERDALE, FL 33334

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: _____ 02/02/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FESSLER, CLAUS
Address: 701 EAST COMMERCIAL BLVD #200
City-St-Zip: FORT LAUDERDALE, FL 33334 US

Title: D ( ) Delete
Name: FESSLER, SUSANNE
Address: 701 EAST COMMERCIAL BLVD #200
City-St-Zip: FORT LAUDERDALE, FL 33334 US

Title: D ( ) Delete
Name: BURGESS, JAMES
Address: 701 EAST COMMERCIAL BLVD #200
City-St-Zip: FORT LAUDERDALE, FL 33334 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: CLAUS FESSLER PD 02/02/2004
Electronic Signature of Signing Officer or Director — Date