

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90087 044 ****61.25

DOCUMENT # N02000008610

1. Entity Name

WORLDWIDE HUMANITARIAN SUPPORT, INC.



Principal Place of Business

**701 E COMMERCIAL BLVD
SUITE 200
FT LAUDERDALE, FL 33334**

Mailing Address

**701 E COMMERCIAL BLVD
SUITE 200
FT LAUDERDALE, FL 33334**



04272007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0363556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FESSLER, CLAU
STREET ADDRESS 701 EAST COMMERCIAL BLVD #200
CITY-ST-ZIP FORT LAUDERDALE, FL 33334

TITLE D
NAME FESSLER, SUSANNE
STREET ADDRESS 701 EAST COMMERCIAL BLVD #200
CITY-ST-ZIP FORT LAUDERDALE, FL 33334

TITLE ~~D~~
NAME ~~BURGESS, JAMES~~
STREET ADDRESS ~~701 EAST COMMERCIAL BLVD #200~~
CITY-ST-ZIP ~~FORT LAUDERDALE, FL 33334~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAU FESSLER PD

Date

4/30/07

Daytime Phone #

X 954-345-5693