

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

**FILED  
Apr 09, 2007  
Secretary of State**

DOCUMENT# N06000005257

Entity Name: WW HEALTH SERVICES, INC.

**Current Principal Place of Business:**

3060 14TH AVENUE SOUTH  
SAINT PETERSBURG, FL 33712

**New Principal Place of Business:**

**Current Mailing Address:**

3060 14TH AVENUE SOUTH  
SAINT PETERSBURG, FL 33712

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIS, DANIEL  
3060 14TH AVENUE SOUTH  
SAINT PETERSBURG, FL 33712    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:                      D                      ( ) Delete  
Name:                      DAVIS, DANIEL  
Address:                      3060 14TH AVE S  
City-St-Zip:                      SAINT PETERSBURG, FL 33712

Title:                      D                      ( ) Delete  
Name:                      DAVIS-SKINNER, DONNA  
Address:                      2572 QUEENSBORO AVE S  
City-St-Zip:                      SAINT PETERSBURG, FL 33712

Title:                      D                      ( ) Delete  
Name:                      MITCHELL, LONI  
Address:                      4635 EMERSON AVE S  
City-St-Zip:                      SAINT PETERSBURG, FL 33711

**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 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: DANIEL DAVIS

D

04/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date