

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005257

FILED
Apr 24, 2008
Secretary of State

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: D (X) Change () Addition
Name: CHAMBLISS, ALICIA
Address: 1910 CESAR WAY SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

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: DANIEL DAVIS

D

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date