

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000008826

Entity Name: O.T.M. WORLDWIDE INC.

FILED
Nov 13, 2007
Secretary of State

Current Principal Place of Business:

8949 EASTMAN DR.
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

8949 EASTMAN DR.
TAMPA, FL 33626

New Mailing Address:

FEI Number: 56-2613947 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GOOD, CLAIR
1653 NW 16TH AVE
GAINESVILLE, FL 32605 US

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: CLAIR GOOD

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GUEVARA, ERWIN
Address: 8949 EASTMAN DR
City-St-Zip: TAMPA, FL 33626

Title: D () Delete
Name: GUEVARA, JOANNA
Address: 8949 EASTMAN DR
City-St-Zip: TAMPA, FL 33626

Title: D () Delete
Name: BRUENING, BRAD
Address: 8949 EASTMAN DR
City-St-Zip: TAMPA, FL 33626

Title: D () Delete
Name: BRUENING, GLORIA
Address: 8949 EASTMAN DR
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: GUEVARA, JOANNE
Address: 8949 EASTMAN DR
City-St-Zip: TAMPA, FL 33626

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 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: ERWIN GUEVARA

PRES

11/13/2007

Electronic Signature of Signing Officer or Director

Date