


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90256 002 ****61.25

DOCUMENT # N06000011245	
1. Entity Name WWII History Inc.	

DO NOT WRITE IN THIS SPACE

40000611

2. Principal Place of Business 12538 70th St		3. Mailing Address 12538 70th St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Largo, FL		City & State Largo, FL	
Zip 33773	Country USA	Zip 33773	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3945187	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Spiegel & Utrera, P.A.	
	Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor	
	City Miami	FL Zip Code 33145

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/C/D Glynn N. D. Jenkinson 12538 70th St Largo, FL 33773	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V Cinthia M. Jenkinson 12538 70th St Largo, FL 33773	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Glynn N. D. Jenkinson** **01/01/07** **727-743-7561**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)