

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012391

FILED
Feb 06, 2007
Secretary of State

Entity Name: WORLDWIDE ILOCANOS SUPPORTING EDUCATION INC

Current Principal Place of Business:

961 PINOAK LANE
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

961 PINOAK LANE
CANTONMENT, FL 32533

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:

BUENAVISTA, CRISOSTOMO L
961 PINOAK LANE
CANTONMENT, FL 32533 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: PD () Delete
Name: BUENAVISTA, CRISOSTOMO L
Address: 961 PINOAK LANE
City-St-Zip: CANTONMENT, FL 32533

Title: VPD () Delete
Name: BARBIETO, PACIANO A
Address: 28 BROOKLINE AVE
City-St-Zip: NUTLEY, NJ 07110

Title: DT () Delete
Name: ESPEJO, JR., PIO V
Address: 6371 KINGS ARMS WAY
City-St-Zip: FAIRFIELD, OH 45014

Title: DAT () Delete
Name: B. SERRANO, GORGONIA A
Address: UNIT 102/203 MARBELLA MANILA BLDG.
City-St-Zip: MANILA 1004 PHILIPPINES,

Title: DS () Delete
Name: SALAMANCA, RAMONETTE B
Address: BLAABYEN 8 LEILIGHET 116
City-St-Zip: N-2093 FEIRING, NORWAY,

Title: DAS () Delete
Name: JUNIO-MALLARD, MAGNOLIA M
Address: 896 QUINNIPIAC AVE 5
City-St-Zip: NEW HAVEN, CT 06513

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:

Title: () Change () Addition
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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: CRISOSTOMO L. BUENAVISTA

PD

02/06/2007

Electronic Signature of Signing Officer or Director

Date