## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000004448

Entity Name: WORLD CONNECT AGENCY, INC

FILED Jul 25, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
511 ELDRO DELTONA,		US	117 E. AME ORLANDO		JS
Current Mailing Address:			New Mailing Address:		
511 ELDRO DELTONA,		US	P O BOX 4 <sup>-</sup> ENTERPRI	135 SE, FL 32725	US
FEI Number: 20-8979794 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) 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:					
JSN FINANCIAL SERVICES, INC 511 ELDRON AVE ENTERPRISE, FL 32725 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:					
Electronic Signature of Registered Agent			Date		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ( ) SOTO, ALEXA 511 ELDRON A DELTONA, FL		Title: Name: Address: City-St-Zip:	()0	change ( ) Addition
Title: Name: Address: City-St-Zip:	CEO ( ) SOTO, GABRIE 511 ELDRON A DELTONA, FL	N/E	Title: Name: Address: City-St-Zip:	()0	change ()Addition
Title: Name: Address: City-St-Zip:	VP ( ) HERNANDEZ, 2 4622 LIGUSTR ORLANDO, FL	UM WAY	Title: Name: Address: City-St-Zip:	VP (X) O SOTO, GABRIEL 511 ELDRON AVE DELTONA, FL 32	
Title: Name: Address: City-St-Zip:	WILLIAMS, RA	RK ESTATES BLVD	Title: Name: Address: City-St-Zip:	()0	change ()Addition
Title: Name: Address: City-St-Zip:	WILLIAMS, ALI	RK ESTATES BLVD	Title: Name: Address: City-St-Zip:	D (X) O MONARCA, FELIX 2709 CASTLE OA ORLANDO, FL 32	AK AVE
Title: Name: Address: City-St-Zip:	D ( ) DEFREITAS, JI 1000 RUYAL M OCOEE, FL 34	IARQUIS RD	Title: Name: Address: City-St-Zip:	D (X) O MONARCA, GLAD 10 JAMES ST HOLYOKE, MA 0	

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: GABRIEL SOTO CEO 07/25/2008