

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90156 001 ***361.25

DOCUMENT # N98000002760 1. Entity Name WORLDWIDE DISEASE RESEARCH CENTERS, INC.	
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Principal Place of Business 953 GONDOLIER BLVD GULF BREEZE, FL 32561	Mailing Address 953 GONDOLIER BLVD GULF BREEZE, FL 32561
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03172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3510577	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STOUDENMIRE, STERLING F III 953 GONDOLIER BLVD GULF BREEZE, FL 32561	
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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 _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PILARINOU, ELSA 5327 PEMBRIDGE PLACE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STOUDENMIRE, STERLING F III 953 GONDOLIER BLVD GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DRUMMOND, SHAWN 21965 COUNTRY WOODS DRIVE FAIRHOPE, AL 36532
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shawn Drummond* **03-17-05** **850 476-3827**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #