


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000090233
 1. Entity Name
 WORLDWIDE IMMIGRATION SERVICES, INC.



Principal Place of Business 819 NORTH PINE HILL ROAD ORLANDO, FL 32808	Mailing Address 819 NORTH PINE HILL ROAD ORLANDO, FL 32808
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04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3673093	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
 SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES, FL 33134

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGLAS, LORNA E 819 NORTH PINE HILL ROAD ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD URQUHART, MICHELLE D 819 NORTH PINE HILL ROAD ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PENNY, SAMANTHA R 819 NORTH PINE HILL ROAD ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMOS, KARIM N 819 NORTH PINE HILL ROAD ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemptions contained 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 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 607, 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: Lorna Douglas Director Date: 4/21/06 Daytime Phone #: 407-445-0940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR