2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004
Secretary of State

DOCUMENT# P00000104841

Entity Name: WORLDWIDE CARE AND THERAPY, CORP.

Current Principal Place of Business:

6741 SW 24TH ST
SUITE 22
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

6741 SW 24TH ST
SUITE 22
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-1052138 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTEALEGRE, PAOLA
6741 SW 24TH ST
SUITE 22
MIAMI, FL 33155 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MONTEALEGRE, PAOLA
Address: 6741 SW 24TH ST SUITE 22
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete
Name: SANCHEZ, ANAI
Address: 6741 SW 24TH ST SUITE 22
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete
Name: AVILA, IDALMIS DEL R.
Address: 6741 SW 24TH ST SUITE 22
City-St-Zip: MIAMI, FL 33155

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: SMITH GUMBS, KIM
Address: 6741 SW 24 STREET SUITE 22
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANAI SANCHEZ D 02/18/2004

Electronic Signature of Signing Officer or Director — Date