


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90130 019 ***150.00

DOCUMENT # P00000112960	
1. Entity Name WORLD FONE, INC.	

Principal Place of Business 2000 BANKS ROAD #210 MARGATE FL 33063	Mailing Address 2000 BANKS ROAD #210 MARGATE FL 33063
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2. Principal Place of Business 1721 BANKS RD Suite, Apt. #, etc.	3. Mailing Address 1721 BANKS RD Suite, Apt. #, etc.
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City & State MARGATE FL	City & State MARGATE FL
Zip 33063	Country USA


1st MOORE CR2E034 (10/04)

4. FEI Number 65-1060987	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MANIAR, RAJU 7737 N. UNIV. DR., #201 TAMARAC FL 33321

7. Name and Address of New Registered Agent Name: PRAVEEN BADGAMIA Street Address (P.O. Box Number is Not Acceptable): 1721 BANKS RD City: MARGATE FL Zip Code: 33063
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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: Praveen Badgamia (PRAVEEN BADGAMIA) DATE: 3/5/05

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	DP BADGAMIA, PRAVEEN 2000 BANKS ROAD #210 MARGATE FL 33063 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRAKASH, BADGAMIA 2000 BANKS ROAD #210 MARGATE FL 33063 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BADGAMIA PRAVEEN 1721 BANKS RD MARGATE FL 33063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRAKASH BADGAMIA 1721 BANKS RD MARGATE FL 33063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Praveen Badgamia (PRAVEEN BADGAMIA) DATE: 3/5/05 954 928 0219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #