2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000051

Entity Name: WORLDWIDE BRANDS, INC.

FILED Jan 30, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2250 LUCIEN WAY SUITE 250 MAITLAND, FL 32751

New Mailing Address: Current Mailing Address:

17544 COBBLESTONE LANE 2250 LUCIEN WAY CLERMONT, FL 34711 SUITE 250 MAITLAND, FL 32751

FEI Number: 59-3688228 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

O'BAKER, CLYDE E 2250 LUCIEN WAY SUITE 120 MAITLAND, FL 327517014 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:

Date

Title:

Name:

Address:

City-St-Zip:

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

MALTA, J CHRISTIAN

CLERMONT, FL 34711

130 MINEHAHA CIRCLE

MAITLAND, FL 32751

COWIE. ROBIN G

PRES

10624 POINT OVERLOOK DRIVE

(X) Change () Addition

(X) Change () Addition

Title: COO () Delete Title: Name: RITZEL, JAMES P Name: 17544 COBBLESTONE LANE Address: Address: City-St-Zip:

City-St-Zip: CLERMONT, FL 34711

Title: () Delete MALTA, J CHRISTIAN Name:

10624 POINT OVERLOOK DRIVE Address:

CLERMONT, FL 34711 City-St-Zip:

Title: Title: PRFS (X) Delete () Change () Addition

COWIE, ROBIN G Name: Name: 130 MINEHAHA CIRCLE Address: Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip:

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

SIGNATURE: TISHA ROGERS **OPMG** 01/30/2007