2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000115129

FILED Apr 23, 2008 Secretary of State

Entity Name: WORLDWIDE SOURCING & DISTRIBUTION CO., INC.

rincipal Place ST AUGUSTIN		New Principal Place	of Business:	
ST AUGUSTIN	E ROAD			
VILLE, FL 3225	57			
ailing Address	5:	New Mailing Addres	s:	
ST AUGUSTIN	E ROAD			
VILLE, FL 3225	57			
80-0012487	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
RBON MEADO\ VILLE, FL 3222 named entity si	23 US	purpose of changing its registere	d office or registered agent, or both,	
	c Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
SIMON, SUSAN I 11983 MARBON	VI MEADOWS DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
VP ()	Delete ГК	Title: Name:	() Change () Addition	
	ST AUGUSTINI VILLE, FL 3225 80-0012487 Address of Cu JSAN M RBON MEADON VILLE, FL 3222 named entity st e of Florida. RE: Electronic npaign Financing S AND DIRECT P () I SIMON, SUSANI 11983 MARBON JACKSONVILLE,	Address of Current Registered Agent: JSAN M RBON MEADOWS DR VILLE, FL 32223 US named entity submits this statement for the e of Florida. RE: Electronic Signature of Registered Agenta Financing Trust Fund Contribution (). SAND DIRECTORS: P () Delete SIMON, SUSAN M 11983 MARBON MEADOWS DR JACKSONVILLE, FL 32223	ST AUGUSTINE ROAD VILLE, FL 32257 80-0012487 FEI Number Applied For () FEI Number Not Applicable () Address of Current Registered Agent: Name and Address of RBON MEADOWS DR VILLE, FL 32223 US named entity submits this statement for the purpose of changing its registere e of Florida. RE: Electronic Signature of Registered Agent npaign Financing Trust Fund Contribution (). SAND DIRECTORS: ADDITIONS/CHANG P () Delete Title: SIMON, SUSAN M Name: 11983 MARBON MEADOWS DR Address: JACKSONVILLE, FL 32223 City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN M. SIMON P 04/23/2008