


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90031 046 \*\*\*150.00

<b>DOCUMENT # P02000041186</b>	
1. Entity Name WORLDWIDE CONCEPTS INTERNATIONAL, INC.	

Principal Place of Business 839 DELFINO PLACE LAKE MARY, FL 32746	Mailing Address 839 DELFINO PLACE LAKE MARY, FL 32746
---	---

**50007379**

2. Principal Place of Business 2450 North Umbria Dr. Suite, Apt. #, etc.	3. Mailing Address 2450 North Umbria Dr. Suite, Apt. #, etc.
--	--



02102006 Chg-P CR2E034 (11/05)

City & State Sanford, FL	City & State Sanford, FL
Zip 32771	Country USA

4. FEI Number 90-0034715	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  BERNSTEIN, MELVYN 839 DELFINO PLACE LAKE MARY, FL 32746	
--	--

7. Name and Address of New Registered Agent Name: Melvyn Bernstein Street Address (P.O. Box Number is Not Acceptable): 2450 North Umbria Dr. City: Sanford FL Zip Code: 32771	
---	--

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P BERNSTEIN, MELVYN 839 DELFINO PLACE LAKE MARY, FL 32746	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
#VP Melvyn Bernstein 2450 North Umbria Dr. Sanford, FL 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P Fernando Faria 3175 Linda Dr. Deltona, FL 32725	
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
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 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 life empowered.

**SIGNATURE:** \_\_\_\_\_ **03/23/06 407-461-3526**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #