

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90026 017 ***150.00

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05132006 Chg-P CR2E034 (11/05)

DOCUMENT # P02000085782 1. Entity Name WORLDWIDE BROKERAGE USA CORPORATION					
Principal Place of Business 5600 SW 37 ST DAVIE, FL 33314		Mailing Address 5600 SW 37 ST DAVIE, FL 33314			
2. Principal Place of Business 663 LAUFIN COURT		3. Mailing Address P.O. Box 818			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAWRENCEVILLE GA.		City & State BUFORD GA.		4. FEI Number 01-0740073	
Zip 30043		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORSELLO, TYRONE 5600 SW 37 ST DAVIE, FL 33314		7. Name and Address of New Registered Agent Name MORSELLO, TYRONE. Street Address (P.O. Box Number is Not Acceptable) <div style="border: 1px solid black; height: 20px; margin: 2px 0;"></div> <div style="border: 1px solid black; height: 20px; margin: 2px 0;"></div> City FL Zip Code			
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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORSELLO, TYRONE 5600 SW 37 ST DAVIE, FL 33314	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS CHANGE ONLY. 663 LAUFIN COURT. LAWRENCEVILLE GA 30043	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 like empowered.					
SIGNATURE: X TYRONE MORSELLO PRES. 5/13/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					