2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 27, 2004 8:00 am Secretary of State **DOCUMENT # P02000103381** 1. Entity Name 05-27-2004 90017 029 ***158.75 WORLD GEMS, INC. Mailing Address Principal Place of Business 7520 NOVA DR. 7520 NOVA DR. **DAVIE, FL 33317** DAVIE, FL 33317 2. Principal Place of Business 3. Mailing Address 7283 SHELL KIDGE TER. 7283 SHELL RIPGE TER Suite, Apt. #, etc. 05132004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For FLORIVA LAKE WORTH FLORIDA LAKE WORTH 03-0494212 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33467 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BUTLER, JOHN BUTLER, JOHN WEPRES 7520 NOVA DR.: DAVIE, FL 33317 City LAKE WORTH 8. The above named pairty 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. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWILL FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees comporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRES TITLE ☐ Delete TITLE PKES. Change Addition BUTLER, JOHN W PRES. BUTLER, JOHN W. NAME NAME 7520 NOVA DR. 7283 SHELL RIDGE TER. LAKE WORTH, FL., 33467 STREET ADDRESS STREET ADDRESS CITY-ST-7IP DAVIE, FL 33317 CITY-ST-ZIP V.P. TITLE ☐ Delete TITLE Change ■ Addition NAME LEVIN, DEBORAH S V.PRES LEVIN, DEBORAH S. NAME 7283 SHELL RIPGE TER. LAKE WORTH, FL. 33467 STREET ADDRESS 22028 PALMS WAY STREET ADDRESS BOCA RATON, FL 33433 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. JOHN W. BUTLER SIGNATURE:

FILED