

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000006350

1. Entity Name
THE WORSHWIN GROUP, INC.



FILED
Sep 05, 2008 08:00 AM
Secretary of State

Principal Place of Business 12289 PEMBROKE ROAD SUITE 99 PEMROKE PINES, FL 33025 US	Mailing Address 12289 PEMBROKE ROAD SUITE 99 PEMROKE PINES, FL 33025 US
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05052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0669413	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

YEARWOOD, DWIGHT B
4480 S.W. 153RD AVENUE
MIRAMAR, FL 33027

**DO NOT WRITE
IN THIS SPACE**

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

000000959082
09/05/08-80001-012 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEARWOOD, STANLEY B 4480 S.W. 153RD AVENUE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEARWOOD, CYNTHIA L 4480 S.W. 153RD AVENUE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEARWOOD, JUSTIN J 4480 S.W. 153RD AVENUE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEARWOOD, DWIGHT B 4480 S.W. 153RD AVENUE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YEARWOOD, STANLEY B 4480 SOUTHWEST 153RD AVENUE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YEARWOOD, JUSTIN J 4480 SOUTHWEST 153RD AVENUE MIRAMAR, FL 33027

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-13-08

Date

754-204-646

Daytime Phone #