


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

05-12-2006 90025 047 \*\*\*150.00

<b>DOCUMENT # P03000051188</b> 1. Entity Name WORLD WIDE OPERATIVES, INC.	
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Principal Place of Business 2411 EDISON AVE FORT MYERS, FL 33901 US	Mailing Address 2411 EDISON AVE FORT MYERS, FL 33901 US
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**DO NOT WRITE IN THIS SPACE**



05042006 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3114372	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  JOSEPH K. NOFIL, P.A. 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319	<b>DO NOT WRITE IN THIS SPACE</b>
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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 Due by September 8, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD VITTI, NICHOLAS 2411 EDISON AVE FORT MYERS, FL 33901	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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:** Nicholas P. Vitti *Nicholas P. Vitti*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 9, 06 352-613-3018  
Date Daytime Phone #