## 2006 FOR PROFIT CORPORATION

## Feb 27, 2006 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # P03000058530** 02-27-2006 90106 035 \*\*\*150.00 WORLDWIDE SCOOTERS, INC. Principal Place of Business Mailing Address PUPLIAND 101 1ST AVE S.W. 101 1ST AVE S.W. LARGO, FL 33770 LARGO, FL 33770 2. Principal Place of Business 3. Mailing Address 707 W. BAY 707 W. BAY DR Suite, Apt. #, etc. Suite, Apt. #, etc. 02032006 CR2E034 (11/05) Cha-P Applied For 4. FEI Number City & State City & State LARGO 30-0190705 Not Applicable LArg Country Country \$8.75 Additional 5. Certificate of Status Desired 33770 33770. Pinellas 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Peter M. SPOTO. SPOTO, PETER M Street Address (P.O. Box Number is Not Acceptable) **101 1ST AVE SW** LARGO, FL 33770 707 BAY DR $\omega$ . Zip Code 33770 LAVQO 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRES ☐ Change ■ Addition TITLE TITLE ☐ Defete PRES. SPOTO, PETER M NAME NAME SPUTO, PETER M. 101 1ST AVE. SW STREET ADDRESS STREET ADDRESS 707 W. BAY DR. CITY-ST-ZIP LARGO, FL 33770 CITY-ST-ZIP h4Rgo, Fl. 33770 ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST: 7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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 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

with an address, with all other like empowered.

PETER M. SPUT O

FILED