2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2004
Secretary of State

DOCUMENT# P03000061879

Entity Name: WORLDWIDE TRAVEL PLANNERS INC

Current Principal Place of Business:

1825 TAMIAMI TRAIL
A6-165
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

1825 TAMIAMI TRAIL
A6-165
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 20-0091320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNDA, ADAMS
1825 TAMIAMI TRAIL
A6-165
PORT CHARLOTTE, FL 33948

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition
Name: ADAMS, LYNDA S
Address: 1825 TAMIAMI TRAIL A6-165
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VP ( ) Change (X) Addition
Name: ADAMS, LYNDA S
Address: 1825 TAMIAMI TRAIL A6-165
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: SEC ( ) Change (X) Addition
Name: ADAMS, LYNDA S
Address: 1825 TAMIAMI TRAIL A6-165
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: TREA ( ) Change (X) Addition
Name: ADAMS, LYNDA S
Address: 1825 TAMIAMI TRAIL A6-165
City-St-Zip: PORT CHARLOTTE, FL 33948

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNDA S ADAMS PRES 05/01/2004

Electronic Signature of Signing Officer or Director — Date