2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P03000072346 1. Entity Name DOYLE WORLDWIDE ENTERTAINMENT, INC. Principal Place of Business 3355A CARLA STREET ORLANDO, FL 32806 Mailing Address ORLANDO, FL 32806

FILED Feb 22, 2007 08:00 AM Secretary of State

02122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0195252 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LANG, THOMAS F ESQ. DO NOT WRITE 14 E. WASHINGTON AVENUE, SUITE 600 ORLANDO, FL 32801 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) UUUUUU643338 \$5.00 May Be 9. Election Campaign Financing 03/01/07-80080-024 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE DOYLE, PATRICK E NAME STREET ADDRESS 3355 CARLA STREET ORLANDO, FL 32806 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-76P TITLE NAME STREET ADDRESS

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 chapter do not not attachment with an address, with all office empowered.

SIGNATURE:

SIGNATURE AND TYPED OR TRAITED HAVE OF SIGNING OFFICER OR DIRECTOR

President 2/12/2

872-1184

Daytime Phone #