


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90039 011 ***150.00

DOCUMENT # P03000082555

1. Entity Name
WORLDWIDE ROYAL ENTERPRISES, INCORPORATED



Principal Place of Business
**1530 OVIEDO MARKETPLACE BLVD
 OVIEDO, FL 32765**

Mailing Address
**832 NORTH THORNTON AVENUE
 ORLANDO, FL 32803**

20064690



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
1530 OVIEDO MKTPLACE Blvd
 Suite, Apt. #, etc.

07082005 Chg-P CR2E034 (10/03)

City & State
OVIEDO, FL

Zip
32765

4. FEI Number
20-0115294

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CHIN, REGINA
 1530 OVIEDO MARKET PLACE SW #1305
 OVIEDO, FL 32765**

7. Name and Address of New Registered Agent
 Name **REGINA CHIN**
 Street Address (P.O. Box Number is Not Acceptable)
1530 OVIEDO MARKETPLACE Blvd.
 City **OVIEDO** FL Zip Code **32765**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 Due by September 7, 2005**

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.

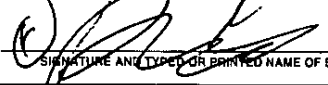
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHIN, REGINA 1530 OVIEDO MARKETPLACE BLVD OVIEDO, FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZHOU, MINHUA 1530 OVIEDO MARKETPLACE BLVD OVIEDO, FL 32765	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **7-14-05** **407-977-6776**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #