


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90435 034 ***150.00

DOCUMENT # P03000082555
 1. Entity Name
WORLDWIDE ROYAL ENTERPRISES, INCORPORATED



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

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____



04262006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent
CHIN, REGINA
1530 OVIEDO MARKET PLACE BLVD
OVIEDO, FL 32765

4. FEI Number: ~~20-0115294~~ **20-0115274** Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P.T.S.D	NAME: CHIN, DENNIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1530 OVIEDO MARKET PLACE BLVD	CITY-ST-ZIP: OVIEDO, FL 32765	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-26-06 409-999-6776**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #