


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90031 022 \*\*\*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 - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

40095599



04192007 Chg-P CR2E034 (12/06)

4. FEI Number  
~~20-0115294~~ **20-0115274** 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 BLVD  
 OVIEDO, FL 32765**

7. Name and Address of New Registered Agent  
 Name  
 Street #  
 City

*Our correct EIN is: 20-0115274*


8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent.  
 SIGNATURE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signa

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD CHIN, DENNIS 1530 OVIEDO MARKET PLACE BLVD OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition
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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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: **4/25/07** Daytime Phone # \_\_\_\_\_