

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90035 017 ***158.75

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000090029 1. Entity Name WORLDWIDE INNOVATIONS CORP.	
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Principal Place of Business 2651 N.W. 62ND TERRACE MARGATE, FL 33063	Mailing Address 2651 N.W. 62ND TERRACE MARGATE, FL 33063
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50009876



03072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1201209	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent JULIAN, CASEY J 2651 N.W. 62ND TERRACE MARGATE, FL 33063

**DO NOT WRITE
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) 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 NAME STREET ADDRESS CITY-ST-ZIP	P JULIAN, CASEY J 2651 N.W. 62ND TERRACE MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JULIAN, CATHY A 2651 N.W. 62ND TERRACE MARGATE, FL 33063
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Casey J. Julian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-06
Date

954-972-9721
Daytime Phone #