

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000095879

FILED  
Feb 11, 2008  
Secretary of State

Entity Name: WORLDWIDE DRILLING RESOURCE, INC.

**Current Principal Place of Business:**

3089 NORTHRIDE LANE  
BONIFAY, FL 32425 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 660  
BONIFAY, FL 324250660 US

**New Mailing Address:**

FEI Number: 20-0199199      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JONES, VERONICA I  
3189 HIGHWAY 277  
VERNON, FL 32462 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: JONES, VERONICA I  
Address: 3189 HIGHWAY 277  
City-St-Zip: VERNON, FL 32462 US

Title: T ( ) Delete  
Name: JONES, VERONICA I  
Address: 3189 HWY 277  
City-St-Zip: VERNON, FL 32462 US

Title: COO ( ) Delete  
Name: JONES, VERONICA I  
Address: 3189 HWY 277  
City-St-Zip: VERNON, FL 32462 US

Title: S ( ) Delete  
Name: HEINRICH, KATHY L  
Address: 1132 ROPING ROAD  
City-St-Zip: BONIFAY, FL 32425

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: JONES, ALBERT L JR.  
Address: 3189 HIGHWAY 277  
City-St-Zip: VERNON, FL 32462

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERONICA I. JONES

Electronic Signature of Signing Officer or Director

CEOP

02/11/2008

\_\_\_\_\_ Date