


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

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|---|---|
| DOCUMENT # P03000097332 1. Entity Name WORLD WIDE STUDENT LOAN CONSOLIDATION, INC. |  |
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| Principal Place of Business 4339 GUNN HIGHWAY TAMPA, FL 33618 | Mailing Address 4339 GUNN HIGHWAY TAMPA, FL 33618 |
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05032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|--------------------------------|
| 4. FEI Number 20-0214906 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

PEREZ, LUIS M
4339 GUNN HIGHWAY
TAMPA, FL 33618

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000762211 05/25/07-80088-005 150.00 |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO PEREZ, LUIS M 4339 GUNN HIGHWAY TAMPA, FL 33618 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO PEREZ, CAROL P 4339 GUNN HIGHWAY TAMPA, FL 33618 |
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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: Luis M. Perez Luis M Perez 5/3/07 (813) 269-9911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #