## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000155463

Entity Name: WORLDWIDE REFERRAL SERVICES, INC.

FILED Apr 03, 2005 Secretary of State

215 CELEI	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
SUITE 160	BRATION PLA ) TION, FL 347				
	lailing Addres		New Mailing Address	•	
	_		New Maining Address		
SUITE 160	BRATION PLA ) TION, FL 347:				
	: 20-0633984	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Surrent Registered Agent:	Name and Address o	f New Registered Agent:	
215 CELEI SUITE 160	EY, THOMAS L BRATION PLA ) TION, FL 347	CE			
	named entity : of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electror	ic Signature of Registered Age	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PUMPHREY, TI	TION PLACE, SUITE 160	Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address:	PUMPHREY, TI 215 CELEBRAT CELEBRATION VP/D ( ) SHELTON, CAT	HOMAS L FION PLACE, SUITE 160 , FL 34747 Delete HY FION PLACE, SUITE 160	Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Name: Address: City-St-Zip: Fitle: Name: Address:	PUMPHREY, TI 215 CELEBRATION VP/D ( ) SHELTON, CAT 215 CELEBRATION S ( ) SHELTON, CAT	HOMAS L FION PLACE, SUITE 160 , FL 34747  Delete HY FION PLACE, SUITE 160 , FL 34747  Delete HY FION PLACE, SUITE 160 DELETE	Name: Address: City-St-Zip: Title: Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS L. PUMPHREY PRES 04/03/2005