


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000012267</b> 1. Entity Name <b>CAPITAL WORLD WIDE VENTURES INC.</b>			<div style="text-align: right; font-size: 2em; font-weight: bold;">FILED</div> <div style="text-align: right;">07 APR 30 PM 3:00</div> <div style="text-align: right; font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>
Principal Place of Business <b>533 NORMAN DRIVE TALLAHASSEE, FL 32304</b>		Mailing Address <b>533 NORMAN DRIVE TALLAHASSEE, FL 32304</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number <b>59-3778209</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HARRIS, BEN 654 DUB RD TALLAHASSEE, FL 32310</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees <b>\$00102200949</b> 05/11/07--01008--027 **158.75	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VCHR LUGISSE, ARTHUR 533 NORMAN DRIVE TALLAHASSEE, FL 32304</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>ANTHONY OLIVACCE 533 NORMAN DRIVE TALLAHASSEE, FL 32304</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>INTERNATIONAL CONSULTANT</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>ST RIOS, JESSIE 6156 OLD FEDERAL ROAN QUINCY, FL 32351</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Willie Butler 533 NORMAN DRIVE TALLAHASSEE, FL 32304</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>EDUCATION ADVISOR</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>ARTURO LUGISSE 533 NORMAN DRIVE TALLAHASSEE FL 32304</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>FINANCIAL ADVISOR</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>STEVEN KNIGHT 533 NORMAN DRIVE TALLAHASSEE FL 32304</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>LEGAL ADVISOR</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>ADA Bunnelle 533 NORMAN DRIVE TALLAHASSEE FL 32304</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>EDUCATION ADVISOR</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	