

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000036994**

**1. Entity Name**  
**WORLDWIDE MARKETING MANAGEMENT  
CONSULTANTS, INC.**



**Principal Place of Business**  
**3356 SOUTHWEST WEST GLOBE STREET  
PORT ST LUCIE, FL 34953 US**

**Mailing Address**  
**3356 SOUTHWEST WEST GLOBE STREET  
PORT ST LUCIE, FL 34953 US**



03102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**20-0781166**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SHEFTZ, EDWARD  
3356 SOUTHWEST WEST GLOBE STREET  
PORT ST. LUCIE, FL 34953**

**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 fee 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**

**U00000468377  
03/24/06-80030-003 150.00**

**10. OFFICERS AND DIRECTORS**

**TITLE** P  
**NAME** SHEFTZ, EDWARD  
**STREET ADDRESS** 3356 SOUTHWEST WEST GLOBE STREET  
**CITY-ST-ZIP** PORT ST. LUCIE, FL 34953

**TITLE** SEC  
**NAME** SHEFTZ, EDWARD  
**STREET ADDRESS** 3356 SOUTHWEST WEST GLOBE STREET  
**CITY-ST-ZIP** PORT ST. LUCIE, FL 34953

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**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/13/06**

Date

**772-818-7032**

Telephone Number