


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90107 023 \*\*\*150.00

<b>DOCUMENT # P04000048605</b> 1. Entity Name <b>GREEN WORLD TECHNOLOGY, INCORPORATED</b>					
Principal Place of Business <b>560 WILSON BLVD. N.</b> <del>TAMPA</del> <b>FL 34120-5079</b> <b>NAPLES</b>			Mailing Address <b>560 WILSON BLVD. N.</b> <del>TAMPA</del> <b>FL 34120-5079</b> <b>NAPLES</b>		
2. Principal Place of Business <b>560 WILSON BLVD N.</b>			3. Mailing Address <b>560 WILSON BLVD N.</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>NAPLES FL</b>			City & State <b>NAPLES FL</b>		
Zip <b>34120-5079</b>		Country <b>USA</b>		Zip <b>34120-5079</b>	
		Country <b>USA</b>			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>THOMAS, MILTON J</b> <b>560 WILSON BLVD. N.</b> <del>TAMPA</del> <b>FL 34120-5079</b> <b>NAPLES</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>NAPLES</b>	
				<b>FL</b> Zip Code <b>34120-5079</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>MILTON J. THOMAS</b> <b>560 WILSON BLVD. N.</b> <b>NAPLES FL. 34120-5079</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>AUDREY K. THOMAS</b> <b>560 WILSON BLVD. N.</b> <b>NAPLES FL. 34120-5079</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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1st MOORE

CR2E034 (10/04)

4. FEI Number **55-0877147** Applied For ☐ Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Milton J. Thomas **MILTON J. THOMAS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR. 27/05  
Date

239-262-5683  
Daytime Phone #