

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90190 007 ***150.00

DOCUMENT # P04000104302 1. Entity Name WORLD WIDE IMPORT SOLUTIONS, INC.					
Principal Place of Business ONE SAN JOSE PLACE, STE. 17 JACKSONVILLE, FL 32257			Mailing Address ONE SAN JOSE PLACE, STE. 17 JACKSONVILLE, FL 32257		
2. Principal Place of Business <i>ONE SAN JOSE PLACE</i> Suite, Apt. #, etc. <i>Suite 17</i> City & State <i>JACKSONVILLE, FLA</i> Zip <i>32257</i>		3. Mailing Address <i>ONE SAN JOSE PLACE Suite 17</i> Suite, Apt. #, etc. <i>JACKSONVILLE FLA</i> City & State <i>JACKSONVILLE, FLA</i> Zip <i>32257</i>		4. FEI Number <i>13-4284816</i> Applied For <input type="checkbox"/> Not Applicable	
Country <i>DAVAL, USA</i>		Country <i>DAVAL, USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BONDURANT, EVERETT H JR. ONE SAN JOSE PLACE, STE. 17 JACKSONVILLE, FL 32257				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> <i>DAN L. COVINGTON</i> <i>ONE SAN JOSE PLACE Suite 17</i> <i>JACKSONVILLE, FLA</i> <i>32257</i>	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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 an other like empowered.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>4/26/05</i> <small>Date</small>		<i>904-2621311</i> <small>Daytime Phone #</small>	

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