

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90185 016 \*\*\*150.00

40054661



02152006 Chg-P CR2E034 (11/05)

4. FEI Number **20-1383071** Applied For  Not Applicable

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

DOCUMENT # P04000106601  
 1. Entity Name  
**WORLD FRANCHISORS, INC.**



Principal Place of Business Mailing Address  
**1801 AUSTRALIAN AVE., S.** **1801 AUSTRALIAN AVE., S.**  
**WEST PALM BEACH, FL 33458 US** **WEST PALM BEACH, FL 33409 US**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**2121 VISTA PARKWAY** **2121 VISTA PARKWAY**

City & State City & State  
**WEST PALM BEACH, FL** **WEST PALM BEACH, FL**

Zip Country Zip Country  
**33411 USA** **33411 US**

6. Name and Address of Current Registered Agent  
**FOLEY, ANTHONY**  
**1801 AUSTRALIAN AVE., S.**  
**WEST PALM BEACH, FL, FL 33409**

7. Name and Address of New Registered Agent  
 Name **FOLEY, ANTHONY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2121 VISTA PARKWAY**  
 City **WEST PALM BEACH FL** Zip Code **33411**

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 \_\_\_\_\_

**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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOLEY, ANTHONY 1801 AUSTRALIAN AVE. WEST PALM BEACH, FL 33409 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOLEY, ANTHONY 2121 VISTA PARKWAY WEST PALM BEACH, FL 33411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TITUS, RAY 1801 AUSTRALIAN AVE. WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TITUS, RAY 2121 VISTA PARKWAY WEST PALM BEACH, FL 33411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Ray Titus Vice President 4/17/06  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #