



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90204 010 \*\*\*150.00

<b>DOCUMENT # P04000106601</b> 1. Entity Name <b>WORLD FRANCHISORS, INC.</b>					
Principal Place of Business <b>2121 VISTA PKWY WEST PALM BEACH, FL 33411 US</b>			Mailing Address <b>2121 VISTA PKWY WEST PALM BEACH, FL 33411 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		04032007 Chg-P CR2E034 (12/06)	
4. FEI Number <b>20-1383071</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>FOLEY, ANTHONY 2121 VISTA PKWY WEST PALM BEACH, FL 33411</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				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 restate) DATE _____					
<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 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOLLEY, ANTHONY 2121 VISTA PKWY WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOLLEY, 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 2121 VISTA PKWY WEST PALM BEACH, FL 33411	<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	STD LEE, ALLEN 2121 VISTA PKWY WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEE, ELLEN 2121 VISTA PARKWAY WEST PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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> <i>Ray Titus</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/11/07 561-640-5570 Date Daytime Phone #		