

2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/11/2005-90129-027-\$150.00-\$150.00

DOCUMENT # P04000126418 1. Entity Name WORLDWIDE BOOTS, INC.						FILED 05 JUN 10 PM 4:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 1961 ALOMA AVENUE SUITE #132 WINTER PARK, FL 32792				Mailing Address 1961 ALOMA AVENUE SUITE #132 WINTER PARK, FL 32792			
2. Principal Place of Business		3. Mailing Address		4. FEI Number 41-216-3603		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04082005 Chg-P CR2E034 (10/03)		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		City & State			
Zip	Country	Zip	Country	City	Zip Code		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 relinquishing) DATE _____							
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			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD H. GHANDCHI 1961 ALOMA AVENUE #132 WINTER PARK, FL 32792			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		
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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 all other like empowered.							
SIGNATURE: <u>H. Ghandchi</u> <small>SIGNATURE MUST BE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>04-03-05</u> Daytime Phone # _____			