2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000163423

Entity Name: WORLDWIDE HEALTHCARE INC

FILED Mar 12, 2007 Secretary of State

| Current P | rincipal Place | e of Business: | New Principal Place | New Principal Place of Business: | |
|---|---|--------------------------------|--|---|--|
| 1868 N UNIVERSITY DR STE 304 PLANTATION, FL 33322 | | | 300 SE 5TH AVE APT 3160 BOCA RATON EL 33 | | |
| | lailing Addres | | • | New Mailing Address: | |
| 300 SE 5T APT 3160 | _ | | Š | | |
| FEI Number | : 20-1960103 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | d Address of (| Current Registered Agent: | Name and Address o | Name and Address of New Registered Agent: | |
| WOLKOFI 300 SE 5T APT 3160 BOCA RA | | 32 US | | | |
| | e named entity e of Florida. | submits this statement for the | purpose of changing its registere | d office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electron | nic Signature of Registered Ag | ent | Date | |
| Election Ca | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGI | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | P (WOLKOFF, EF 300 SE 5TH AV BOCA RATON, | /E APT 3160 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | V (WOLKOFF, ST 300 SE 5TH AN BOCA RATON, | /E APT 3160 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | ST (WOLKOFF, JU 300 SE 5TH AN BOCA RATON. | /E APT 3160 | Title: Name: Address: Citv-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE WOLKOFF SEC 03/12/2007