## 2006 FOR PROFIT CORPORATION

## Apr 04, 2006 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # P05000039065 1. Entity Name 04-04-2006 90044 031 \*\*\*150.00 WORLDWIDE TRANSITION STRATEGIES INC. Principal Place of Business Mailing Address 9561 SOUTHWEST 1ST COURT 9561 SOUTHWEST 1ST COURT PEMBROKE PINES FL 33025 US PEMBROKE PINES FL 33025 4511 2. Principal Place of Business 3. Mailing Address 454 ROCKSIDE RD SAME IR ABOVE Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 325 4. FEI Number City & State City & State Applied For INTEPENDENCE 76-0784882 OHIO Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHUMAN, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 9561 SOUTHWEST 1ST COURT PEMBROKE PINES FL 33025 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. (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRES/KEB BILE PVD ☐ Delete TITLE ☐ Addition 9501 Su 15 CT SHUMAN, WILLIAM NAME NAME 45HT, ROCKSHOE BOAD 9561 SWITT CT STREET ADDRESS STREET ADDRESS PEMARKE PINTS, FLA 33025 CITY-ST-ZIP INDEPENDENCE OH 44131 PEMBRIA: PONI, FC. CITY-ST-ZIP Addition TITLE TITLE Change Suc ent Sue bray see 325 SHUMAN, WILLIAM NAME 4511 ROCKSIDE ROAD STREET ADDRESS STREET ADDRESS IN DAMMENCE, OH 44131 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ■ Addition MALIE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED