

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000074788

FILED
Jan 15, 2007
Secretary of State

Entity Name: MEDWORLD GROUP CORPORATION

Current Principal Place of Business:

285 W CENTRAL PARKWAY
STE 1726
ORLANDO, FL 32714

Current Mailing Address:

285 W CENTRAL PARKWAY
STE 1726
ORLANDO, FL 32714

New Principal Place of Business:

285 W CENTRAL PARKWAY
STE 1726
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

285 W CENTRAL PARKWAY
STE 1726
ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-3011296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC
800 N MAGNOLIA AVE STE 1500
ORLANDO, FL 33803 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DETTMERS, MICHAEL V
Address: 285 W CENTRAL PARKWAY STE 1726
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: BERKLEY, JAMES
Address: 285 W CENTRAL PARKWAY STE 1726
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D (X) Delete
Name: HADDAD, ELIAS
Address: 285 W CENTRAL PARKWAY STE 1726
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T (X) Delete
Name: FLEMING, DAVID
Address: 285 W CENTRAL PARKWAY S TE 1726
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: FLEMING, DAVID M
Address: 285 W CENTRAL PARKWAY STE 1726
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID M FLEMING

T

01/15/2007

Electronic Signature of Signing Officer or Director

Date