

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90025 002 ***150.00

DOCUMENT # P05000131765

1. Entity Name
WORLDWIDE FUNDING INTERNATIONAL, INC.



Principal Place of Business
839 DELFINO PLACE
LAKE MARY, FL 32746

Mailing Address
839 DELFINO PLACE
LAKE MARY, FL 32746

60022949



02102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

2456 North Umbria Dr
Suite, Apt. #, etc.

3. Mailing Address

2456 North Umbria Dr
Suite, Apt. #, etc.

City & State

Sanford, FL

City & State

Sanford, FL

4. FEI Number

20-3553691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERNSTEIN, MELVYN
839 DELFINO PLACE
LAKE MARY, FL 32746

7. Name and Address of New Registered Agent

Name melvyn Bernstein

Street Address (P.O. Box Number is Not Acceptable)

2456 North Umbria Dr.

City Sanford

FL

Zip Code 32771

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BERNSTEIN, MELVYN
STREET ADDRESS 839 DELFINO PLACE
CITY-ST-ZIP LAKE MARY, FL 32746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Melvyn Bernstein
STREET ADDRESS 2456 North Umbria Dr.
CITY-ST-ZIP Sanford, FL 32771 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/30/06 407 461-3526