

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000108302

1. Entity Name
WORLD KEY CORP.



FILED

08 DEC 22 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2389 LAKE DEBRA DR.
914
ORLANDO, FL 32835

Mailing Address
2389 LAKE DEBRA DR.
914
ORLANDO, FL 32835

2. Principal Place of Business - No P.O. Box #

7065 Westpointe Blvd

3. Mailing Address

7065 Westpointe Blvd

Suite, Apt. #, etc.

#314

Suite, Apt. #, etc.

#314

City & State

Orlando FL

City & State

Orlando FL

Zip

32835

Country

Orange

Zip

32835

Country

Orange



11262008

Chg-P

CR2E034(12/06)

4. FEI Number

20-5414166

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MALARY, ROBERT F
2457 S HAWASSEE RD #315
ORLANDO, FL 32835

7. Name and Address of New Registered Agent

Name Mohammad O Hussein

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

7065 Westpointe Blvd #314

City

Orlando

FL

Zip Code

32835

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

11/26/08

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPST
NAME MALARY, ROBERT F
STREET ADDRESS 2457 S HAWASSEE RD #315
CITY-ST-ZIP ORLANDO, FL 32835 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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 CFO Chief Financial Officer
NAME Mohammad O. Hussein
STREET ADDRESS 7065 Westpointe Blvd #314
CITY-ST-ZIP Orlando FL 32835 ☐ Change ☒ Addition

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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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

11/26/08

Date

407.252.4141

Daytime Phone #