


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90060 044 \*\*\*150.00

<b>DOCUMENT # P06000147412</b>	
1. Entity Name <b>WORLD BEAT MANAGEMENT GROUP, INC.</b>	

Principal Place of Business <b>961 RIVIERA POINT DRIVE ROCKLEDGE, FL 32955</b>	Mailing Address <b>961 RIVIERA POINT DRIVE ROCKLEDGE, FL 32955</b>
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40037081



2. Principal Place of Business - No P.O. Box # <b>3700 N. Wickham Rd</b>	3. Mailing Address <b>3700 N. Wickham Rd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03092007 Chg-P CR2E034 (12/06)

City & State <b>Melbourne FL</b>	City & State <b>Melbourne FL</b>
Zip <b>32935</b>	Country <b>Brevard</b>

4. FEI Number <b>84-1720225</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>TSAMOUTALES, NICHOLAS F 5240 BABCOCK ST, NE, SUITE 307 PALM BAY, FL 32905</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TSAMOUTALES, JAMES A 961 RIVIERA POINT DRIVE ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3880 Lakemont Rd. Melbourne FL 32934</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST TSAMOUTALES, LORILEE 961 RIVIERA POINT DRIVE ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3880 Lakemont Rd. Melbourne FL 32934</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>L. Tsamoutales</u> <b>TRCS</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>3/15/07</b> Daytime Phone # <b>321-751-6304</b>

Lorilee Tsamoutales, Inc.