P06000151519

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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COVER LETTER

TO: Amer Divis	ndment Section ion of Corporations		
SUBJECT:_	WORLD CAPITAL ADVISORS, INC	oration)	
DOCUMENT	T NUMBER: P06000151519		
The enclosed	Statement of Change of Registered Office/A	gent and fee are submitted for filing.	
Please return	all correspondence concerning this matter to	the following:	
	RICHARD A. BARBER (Name of Contact	et Person)	
RICHARD A. BARBER, CPA, PA (Firm/Company)			
803 SHALLOW BROOK AVE (Address)			
Winter Springs, FL 32708 (City/State and Zip Code)			
For further in	formation concerning this matter, please call	:	
RICHARD A	BARBER (Name of Contact Person)	at (407) 327-9935 (Area Code & Daytime Telephone Number)	
Enclosed is a	\$35.00 check made payable to the Departme	nt of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

rursuant to the provisions of sections 607.0302, 617.0302, 607.1308, 6r 617.1308, Ftoriaa S statement of change is submitted for a corporation organized under the laws of the State of _ in order to change its registered office or registered agent, or both, in the State of Fi	FLORIDA			
The name of the corporation: WORLD CAPITAL ADVISORS, INC.				
2. The principal office address: 3113 INDIAN RIVER DRIVE COCOA, FL 32922				
3. The mailing address (if different): 3113 INDIAN RIVER DRIVE COCOA, FL 32922				
4. Date of incorporation/qualification: 01/01/207 Document number: P060001	51519			
5. The name and street address of the current registered agent and registered office on file wit Florida Department of State:	h the			
MICHAEL O. ANDERSON	_			
803 Shallow Brook Ave	· -			
Winter Springs, FL 32708	<u></u>			
6. The name and street address of the new registered agent (if changed) and /or registered offi (if changed):	題を可り			
MICHAEL O. ANDERSON	- 885 ~ L			
3113 INDIAN RIVER DRIVE	FS ≥ O			
(P.O. Box NOT acceptable) COCOA, FL 32922	3: 4: OTATE OTATE			
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.				
Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the board, or the corporation has been notified in writing of the change.	officer so			
(Signature of an officer or director) MICHAEL O. ANDERSON, P				
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and con of my duties, and I am familiar with and accept the obligation of my position as registere document is being filed merely to reflect a change in the registered office address, I herel corporation has been notified in writing of this change.	aplete performance d agent. Or, if this by confirm that the			
November 05, 2007 (Signature of Registered Agent) (Date)				
If signing on behalf of an entity:				
(Typed or Printed Name)				

* * * FILING FEE: \$35.00 * * *