

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000096702

FILED
May 14, 2009
Secretary of State**Entity Name:** WORLDWIDE ASSET RECOVERY SERVICE, INC.**Current Principal Place of Business:**1009 GREEN PINE BLVD, F3
WEST PALM BCH, FL 33409**New Principal Place of Business:****Current Mailing Address:**1009 GREEN PINE BLVD, F3
WEST PALM BCH, FL 33409**New Mailing Address:****FEI Number:** 80-0267740**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SHARPS, SYLVIA
1009 GREEN PINE BLVD, F3
WEST PALM BCH, FL 33409 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**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: JOHNSON, L.T.
Address: 1009 GREEN PINE BLVD, F3
City-St-Zip: WEST PALM BCH, FL 33409**Title:** VP () Delete
Name: SHARPS, SYLVIA
Address: 1009 GREEN PINE BLVD, F3
City-St-Zip: WEST PALM BEACH, FL 33409 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP (X) Change () Addition
Name: JOHNSON, L.T.
Address: 1009 GREEN PINE BLVD, F3
City-St-Zip: WEST PALM BEACH, FL 33409 US

I hereby certify that the information supplied with this filing does not qualify 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: L. T. JOHNSON

PRES

05/14/2009

Electronic Signature of Signing Officer or Director_____
Date