

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000096702

**FILED**  
**Apr 29, 2011**  
**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:**

8276 BLUE CYPRESS DR  
LAKE WORTH, FL 33467

**Current Mailing Address:**

PO BOX 2184  
WEST PALM BEACH, FL 334022184

**New Mailing Address:**

PO BOX 2184  
WEST PALM BEACH, FL 33402 21

**FEI Number:** 29-2938810

**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:**

SHARPS, SYLVIA  
8276 BLUE CYPRESS DR  
LAKE WORTH, FL 33467 US

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: SYLVIA L SHARPS

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JOHNSON, L.T.  
Address: PO BOX 2184  
City-St-Zip: WEST PALM BCH, FL 33402 US

Title: VP  
Name: JOHNSON, L.T.  
Address: PO BOX 2184  
City-St-Zip: WEST PALM BEACH, FL 33402 US

Title: VP  
Name: SHARPS, SYLVIA  
Address: PO BOX 2184  
City-St-Zip: WEST PALM BEACH, FL 33402 US

I hereby 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 all other like empowered.

SIGNATURE: SYLVIA L SHARPS

VP

04/29/2011

Electronic Signature of Signing Officer or Director

Date