


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P21571
 1. Entity Name
WORLD'S FAIR COLLECTORS SOCIETY, INC.



Principal Place of Business Mailing Address
6639 WATERFORD LANE **6639 WATERFORD LANE**
SARASOTA, FL 34238 **SARASOTA, FL 34238**

DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
11-2449028 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ICARD MERRILL CULLIS TIMM FUREN GINSBURG
ATTN: F. THOMAS HOPKINS, III
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ANDREWS, JOHN 149 RIDGE ROAD NUTLEY, NJ 07110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENDER, MICHAEL R. 6639 WATERFORD LANE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP SCHNEIDER, WILLIAM 63-43 78TH STREET MIDDLE VILLAGE, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PENDER, FRANCINE J. 6639 WATERFORD LANE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RADER, ROBERT 5500 BARTON DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, THOMAS 1416 MIDINA AVE CORAL GABLES, FL 33134

1100000177050
 01/11/05-80021-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: *Michael R. Pender* *Michael R. Pender* 1-7-05 941-923-2590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #