FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4 Entity Nom	MENT#P9Y00 RLDWISE EQU		FILED 05 NAY 27 PN 1: 45				
DO NOT WRITE IN THIS SPACE				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business 3. Mailing Address WY 9 Double CT Suite, Apt. #, etc. Suite, Apt. #, etc.			VETAL C	DO NOT WHY IN CHASE	105		
MANAS QUAN N.J.		City & State MANNSQUAN N.T		4. FEI Number -0365199	Applied For Not Applicable		
^{Zip} 87		08736	Country VSA	5. Certificate of Status Desired \$8	8.75 Additional e Required		
		· · · · · · · · · · · · · · · · · · ·	No.	7. Name and Address of Current Registered A			
	PO -NOT-14	DITE	Name 5	HAMON L. EISENST	MON L. EISENSTEIN		
	DO NOT W		PO Box Number is Not Acceptable) PA.				
	IN THIS SF	ACE					
			The second	T Par REACH FL	32 %, a		
	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 Seeden S. Wall Sharon J. Cusens tein 5/10/05						
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND	- 11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	WALKER, FRED.	V.T. 08736 1.C.S.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		*150.00		
TITLE NAME STREET ADDRESS CITY ST-ZIP	MAUNTRUNIN		TITLE NAME STREET ADDRESS CITY-SI-ZIP	DO NOT WRIT			
NAME STREET ADORESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	in this spac			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	10005558530 0670170501001010 **	*8. 75		
TITLE NAME STREET ADORESS CHY-ST-7IP			TITLE NAME STREET ADDRESS CITY-ST-7IP				

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTE NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #

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-	FOR FILING-PURPOSES ONLY
	000000000000000000000000000000000000000
	P9200003173 May 20, 2005
	DIVISION OF CORPORATIONS
	UN. FORM BUSINESS REBUT FILINGS
	P.o. Box 63×7
. 	TAUAHASSEE, FL 3×314
	ATTN: ANNA
· · · · · · · · · · · · · · · · · · ·	RE: WORLDWISE EQUITIES INC
	+ P9 x 00 00 00 3 173
	EIN + 65-0365190
	DEAN ANNA
	PLEASE ACCEPT OUR ENCLOSED CHECK FOR
	Unitora Business Conformin Reform (UBR-Part)
	I Am Also Enclosed A CHECK For 8.75 For
	CENTIFICATE OF STORES REPORT
	CENTIFICATE OF STATES PEROLE.
······································	I Am REQUESTING THAT YOU ACCEPT
	THIS CHACK AS I DID NOT RECEIVE THE
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. ,	FIRST NOT. F. CATION OF PRYMENT REGULATED.
	WHICH SHOULD HAVE BEEN RECEIVED ON
	on About December 2004.
······································	Your Cookerston 15 MOST Affacciates
<u> </u>	
	Vary Tuby yours
	France S. WALKER
	FASSRIC'S. WALKER