2006 FOR PROFIT CORPORATION 'ANNUAL REPORT (AR)

SIGNATURE:

Apr 17, 2006 8:00 am Secretary of State DOCUMENT # P92000003173 04-17-2006 90339 022 ***150.00 WORLDWISE EQUITIES, INC. Mailing Address Principal Place of Business 2459 DOVETAIL CT. MANASQUAN NJ 08736 2459 DOVETAIL CT. MANASQUAN NJ 08736 2. Principal Place of Business 3VII FALSTON CINCL 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For OLD BRIDGE 65-0365190 Not Applicable Country A Country \$8.75 Additional 5. Certificate of Status Desired 08857 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EISENSTEIN. EISENSTEIN, SHARON L 5077 ALFRED DRIVE, #1 WEST PALM BEACH FL 33417 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 austeren Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00-9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE TITLE ☐ Delete VS NAME NAME EISENSTEIN, SHARON L SVII FALSTON CINCLE STREET ADDRESS STREET ADDRESS 8439 DOVETAIL CT. CITY-ST-ZIP CITY-ST-7IP MANASQUAN NJ 0079 ☐ Delete TITLE TITLE NAME NAME WALKER, FREDRIC S STREET ADDRESS STREET ADDRESS 2489 DOVETAIL OT CITY - ST - ZIP CITY-ST-7IP MANASQUAN NJ 08730 Detete TITLE Hitt NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP indepty certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

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