

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90248 047 ***150.00

40000228



01052007 Chg-P CR2E034 (12/06)

4. FEI Number **74-2737555** Applied For ☐ Not Applicable ☐

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

DOCUMENT # P93000039306

1. Entity Name
WORLDWIDE CONSULTANTS, INC.



Principal Place of Business
**101 PLAZA REAL S.
SUITE 610
BOCA RATON, FL 33432 US**

Mailing Address
**101 PLAZA REAL S.
SUITE 610
BOCA RATON, FL 33432 US**

2. Principal Place of Business - No P.O. Box #
998 S. Federal Hwy.

3. Mailing Address
998 S. Federal Hwy.

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.
200

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip Country
33432 USA

Zip Country
33432 USA

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI
% SHUTTS AND BOWEN LLP
201 S BISCAYNE BLVD STE 1500
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **FIVESON, GLORIA**
STREET ADDRESS **101 PLAZA REAL S., SUITE 610**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☒ Change ☐ Addition
NAME **998 S. Federal Hwy. # 200**
STREET ADDRESS **Boca Raton, FL 33432**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Gloria Fiveson **Gloria Fiveson** 1/5/07 561-394-8076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #