


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000080685</b> 1. Entity Name A WHOLE NEW WORLD, INC.	
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Principal Place of Business 1940 DEL PRADO BLVD. CAPE CORAL, FL 33990	Mailing Address 1940 DEL PRADO BLVD. CAPE CORAL, FL 33990
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DO NOT WRITE IN THIS SPACE

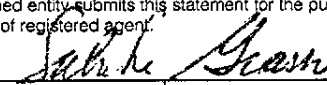


01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0451126	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  GRASSO, SALVATORE 1940 DEL PRADO BLVD SUITE 105 CAPE CORAL, FL 33990	DO NOT WRITE IN THIS SPACE
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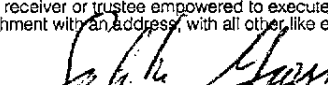
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: 	DATE: 1/4/04

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000021714 01/30/04-80015-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV GRASSO, VIRGINIA 1940 DEL PRADO BLVD. CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GRASSO, SALVATORE 1940 DEL PRADO BLVD. CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
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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)(f), 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: 	Date: 1/4/04 239 Daytime Phone #: 772-1453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR