


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P93000080685 |  |
| 1. Entity Name A WHOLE NEW WORLD, INC. | |

| | |
|---|---|
| Principal Place of Business 1940 DEL PRADO BLVD. CAPE CORAL, FL 33990 | Mailing Address 1940 DEL PRADO BLVD. CAPE CORAL, FL 33990 |
|---|---|

DO NOT WRITE IN THIS SPACE

01182008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0451126 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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**

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: *Virginia Grasso* DATE: *1/21/08*

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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 | 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 |
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01/23/08-00042-025 150.00

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IN THIS SPACE**

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: *Virginia Grasso* DATE: *1/21/08* DAYTIME PHONE #: *239-510-1703*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR