2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P94000020750

BRYANT, GARY

City-St-Zip: LAKE MARY, FL 32746

1001 HEATHROW PARK LANE, STE 5001

Name:

Address:

Entity Name: WORLDNET SERVICES CORP.

FILED Apr 23, 2009 Secretary of State

| Entity Nai | me: WORLDI | NET SERVICES CORP. | | | |
|---|--|----------------------------------|---|---|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | |
| 411 NORTH BAYLEN STREET PENSACOLA, FL 32501 US | | | 3050 UNIVERSAL BLV SUITE 150 WESTON, FL 33331 | D US | |
| Current Mailing Address: | | | New Mailing Address: | | |
| WORLDNET SERVICES CORP 3050 UNIVERSAL BLVD, SUITE 150 WESTON, FL 33331 US | | | WORLDNET SERVICES CORP 411 NORTH BAYLEN STREET PENSACOLA, FL 32501 US | | |
| FEI Number: | : 65-0488090 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| C/O C T C 1200 SOU | ORATION SYS ORPORATION TH PINE ISLA ION, FL 33324 | N SYSTEM ND ROAD | | | |
| | named entity e of Florida. | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| | | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | WAEGELEIN, I | NAL DR, STE 190 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | OTTEN, FELIS | AL BLVD, SUITE 150 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | SHERMAN, LE | YLEN STREET | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | O (ISRAEL, JASO 411 NORTH BA PENSACOLA, I | YLEN ST | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: | D/O (|) Delete | Title: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JASON J. ISRAEL COO 04/23/2009