2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 26, 2009
Secretary of State

DOCUMENT# P94000020750

Entity Name: WORLDNET SERVICES CORP.

Current Principal Place of Business:

3050 UNIVERSAL BLVD, STE 150
WESTON, FL 33331 US

New Principal Place of Business:

Current Mailing Address:

411 NORTH BAYLEN ST.
PENSACOLA, FL 32501 US

New Mailing Address:

FEI Number: 65-0488090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D/O ( ) Delete
Name: WAEGELEIN, ROBERT A
Address: 6 INTERNATIONAL DR, STE 190
City-St-Zip: RYE BROOK, NY 105731068

Title: O ( ) Delete
Name: OTTEN, FELISSE B
Address: 3050 UNIVERSAL BLVD, SUITE 150
City-St-Zip: WESTON, FL 33331

Title: O/S ( ) Delete
Name: SHERMAN, LEONARD G
Address: 411 NORTH BAYLEN STREET
City-St-Zip: PENSACOLA, FL 32501

Title: O ( ) Delete
Name: ISRAEL, JASON J
Address: 411 NORTH BAYLEN ST
City-St-Zip: PENSACOLA, FL 32501

Title: D/O ( ) Delete
Name: BRYANT, GARY
Address: 1001 HEATHROW PARK LANE, STE 5001
City-St-Zip: LAKE MARY, FL 32746

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: O ( ) Change (X) Addition
Name: LILLIS, MAUREEN T
Address: 3050 UNIVERSAL BLVD, STE 150
City-St-Zip: WESTON, FL 33331

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.

SIGNATURE: JASON J. ISRAEL D/O 06/26/2009

Electronic Signature of Signing Officer or Director Date