

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000081162

Entity Name: WORLD WIDE CRUISES, INC.

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

8059 W. MCNAB RD
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

8059 W. MCNAB RD.
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 65-0533720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAMS, DAVID
15358 STRATHEARN DR
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

BRAMS, DAVID
8059 WEST MCNAB RD
TAMARAC, FL 33321 US

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: DAVID BRAMS

04/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: BRAMS, DAVID
Address: 15358 STRATHEARN DRIVE
City-St-Zip: DELRAY BCH, FL 33446

Title: VD () Delete
Name: BRAMS, JOANNE
Address: 15358 STRATHEARN DRIVE
City-St-Zip: DELRAY BCH, FL 33446

Title: SD () Delete
Name: PHILLIPS, JENNIFER
Address: 598 OLD YORK ROAD
City-St-Zip: FLEMINGTON, NJ 08822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: BRAMS, DAVID
Address: 8059 WEST MCNAB RD
City-St-Zip: TAMARAC, FL 33321

Title: V (X) Change () Addition
Name: BRAMS, JOANNE
Address: 15358 STRATHEARN DRIVE
City-St-Zip: DELRAY BCH, FL 33446

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID BRAMS

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04/23/2007

Electronic Signature of Signing Officer or Director

Date