


**FILED**  
**Jun 22, 2006 8:00 am**  
**Secretary of State**

06-22-2006 90002 020 \*\*\*150.00


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P95000021593</b> 1. Entity Name <b>OLD WORLD CONNECTION CORP.</b>	
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Principal Place of Business <b>5710 S TRAVELERS PALM LN TAMARAC, FL 33319 US</b>	Mailing Address <b>5710 S TRAVELERS PALM LN TAMARAC, FL 33319 US</b>
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**40096676**



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0577937</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>VIVIES, PATRICK 700 E. DANIA BEACH BLVD., #202 DANIA, FL 33004</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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B. 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.

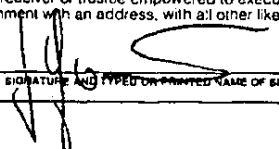
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	B. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP GAUTIER, JACQUES 5710 S TRAVELERS PALM LN TAMARAC, FL 33319</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D RICOU, AIMEE 5710 S TRAVELERS PALM LN TAMARAC, FL 33319</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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:**  **GAUTIER JACQUES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #