2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

12. I hereby certify that the information supplied with this fill ndicated on this report or supplemental repert is true of the corporation or the regiever of truster

changed, or on an attachm

SIGNATURE:

empowe

Apr 12, 2005 8:00 am Secretary of State DOCUMENT # P95000060118 1. Entity Name 04-12-2005 90127 023 ***150.00 WORLDWIDE DYNAMICS, INC. Principal Place of Business Mailing Address 6770 LANTANA RD. 6770 LANTANA RD. 9 + 10 UNIT LAKE WORTH FL 33467 9 + 10 UNIT LAKE WORTH FL 33467 2. Principal Place of Business Mailing Address 10741 DENCE OBOX Suite, Apt. #, etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0600337 Not Applicable 741270X Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FIELDS, JOSEPH R JR., ESQ Street Address (P.O. Box Number is Not Acceptable) 515 N FLAGLER: DRIVE, STE 1450 WEST PALM BEACH FL 33401 City Zip Code 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 Signature, typed or printed name of registered agent and title it applicable DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. OPST TITLE ☐ Change ☐ Addition Delete TITLE CRESSWELL, MARK S NAME NAME 515 N. FLAGLER DR. STE. 1450 STREET ADDRESS STREET ADDRESS CITY-ST-7IP WEST PALM BEACH FL 33401 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DDF ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP

ng does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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