2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P95000076232 WORTHWHILE DEVELOPMENT, INC.

FILED May 01, 2006 08:00 A Secretary of State

\$8.75 Additional

Fee Required

Mailing Address

Principal Place of Business 2933 WEST STATE ROAD 434

2933 WEST STATE ROAD 434

LONGWOOD, FL 32779

D

LONGWOOD, FL 32779



O NOT WRITE IN THIS SPACE	01302006 No Chg-P	CR2E034 (11/05)
O NOT WRITE IN THIS SPACE	4. FEI Number	Applied For
	59-3361601	Not Applicable

6. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PAINTED NAME OF ST

ROYALL, HJJ

5. Certificate of Status Desired

2933 WEST STATE ROAD 434 101 LONGWOOD, FL 32779			IN THIS SPACE					
	named entity submits this statement for the pations of registered agent.	ourpose of changing its registered	office or r	egistered agent, or bo	th, in the State	of Florida, I am familia	r with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	d applicable PMOTE Registered A	cent blands w	required when terretating)	. * * * -	DATE	· ;··	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.		\$5.00 May Be Added to Fees	<u> </u>	, Drug	<u> </u>	
10.	OFFICERS AND DIREC	OTORS	<u> </u>		L			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DPST ROYALL, H.J. JR. 2933 WEST STATE ROAD 434 #101 LONGWOOD, FL 32779	. <u> </u>			Ui 05/1)))))) 1/06-80114-0	150.00	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,		, .	DO	NOT	WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS	SPACE	.2 t	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·			,	
TITLE NAME								

12. I hereby certify that the information supplied with this filling 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 cath; 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

SIGNATURE:

STREET ADDRESS COTY-ST-ZIP

1027745307 Daytime Phone #