2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000089020

1. Entity Name
WORLDATA INFOCENTER, INC.

Principal Place of Business	Mailing Address
3000 N MILITARY TRL	3000 N MILITARY TRL
BOCA RATON, FL 33431 US	BOCA RATON, FL 33431 US

DO NOT WRITE IN THIS SPACE

03202007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0635633	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWEDELSON, ROY
3000 N. MILITARY TRAIL
BOCA RATON, FL 33431

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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 if applicable   (NOTE Registered Agent signature required when reinstating)   DATE
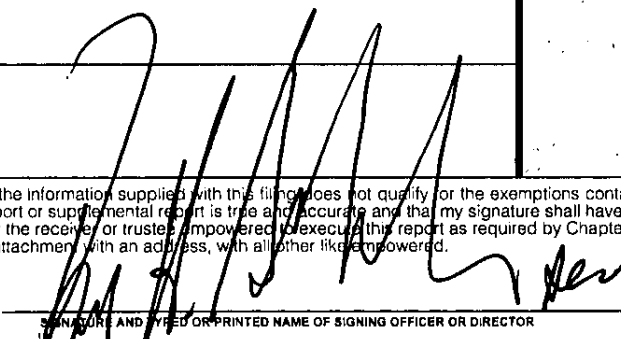
FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		
TITLE	D		
NAME	SCHWEDELSON, ROY		
STREET ADDRESS	3000 N MILITARY TRL		
CITY-ST-ZIP	BOCA RATON, FL 33431		
TITLE	D		
NAME	SCHWEDELSON, HELENE		
STREET ADDRESS	3000 N MILITARY TRL		
CITY-ST-ZIP	BOCA RATON, FL 33431		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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NAME			
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CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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04/17/07-80086-002 150.00

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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: _____   4/2/07   561-393-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #