


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90046 043 \*\*\*150.00

<b>DOCUMENT # P96000037584</b> 1. Entity Name <b>WORLD MINING CORPORATION</b>					
Principal Place of Business <b>146 2ND STREET NORTH SUITE 310 SAINT PETERSBURG, FL 33701</b>			Mailing Address <b>146 2ND STREET NORTH SUITE 310 SAINT PETERSBURG, FL 33701</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country			
4. FEI Number <b>20-5335300</b> <del>59-3378362</del>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04132007      Chg-P      CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>ULRICH, ROBERT L ESQ 146 2ND STREET NORTH SUITE 310 SAINT PETERSBURG, FL 33701</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC VESEY, JAMES C 8800 BARDMOOR BLVD #27 SEMINOLE, FL 33777	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WINTRODE, PAUL M. 2555 WEST BAY ISLE DRIVE SE SAINT PETERSBURG, FL 33705</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARVIN, KENNETH P 10151 45TH STREET PINELLAS PARK, FL 33782	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, RANALD JR 3424 JEAN CIRCLE TAMPA, FL 33629	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OREN, PAUL E 4021 EAST RIVER DRIVE FT MYERS, FL 33916	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OREN, PAUL E 2935 NORTH TROPICAL TRAIL MERRITT ISLAND, FL 32953</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALUZZI, PAUL A 605 S FREMONT AVE STE B TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS ULRICH, ROBERT L 146 2ND STREET NORTH STE 310 SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS D ULRICH, ROBERT L. 146 2ND STREET NORTH STE 310 SAINT PETERSBURG, FL 33701</b>	
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: <i>James C. Vesey</i> <b>JAMES C. VESEY, PRES.</b> 4/13/2007      727-898-6762 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					

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