

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000042094 1. Entity Name WORLDWIDE HELICOPTERS, INC.	
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Principal Place of Business 2622 VILLAGE PARK DR. MELBOURNE, FL 32934	Mailing Address 105 CITRON DR YOUNGSVILLE, LA 70592
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DO NOT WRITE IN THIS SPACE



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number 62-1689571	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BROWN, DAVID A
2622 VILLAGE PARK DR.
MELBOURNE, FL 32934

DO NOT WRITE IN THIS SPACE

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:  Karen D. Brown 4/28/08
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, 2008 Fee will be \$550.00

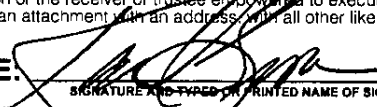
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000945798
05/30/08-80023-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, DAVID A. 2622 VILLAGE PARK DR. MELBOURNE, FL 32934
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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:  Karen D. Brown 4/28/08 (337)856-4104
Signature, typed or printed name of signing officer or director Date Daytime Phone #