

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000042769

FILED
Mar 02, 2006
Secretary of State

Entity Name: ENLIGHTMENT WORLDWIDE, INC.

Current Principal Place of Business:

P.O BOX 536008
ORLANDO, FL 328536008

New Principal Place of Business:

Current Mailing Address:

P.O BOX 536008
ORLANDO, FL 328536008

New Mailing Address:

FEI Number: 65-0895252 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAIN, BYRON
611 N MILLS AVE
ORLANDO, FL 32803-4637

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FAIN, BYRON
Address: P.O BOX 536008
City-St-Zip: ORLANDO, FL 32853

Title: P () Delete
Name: FAIN, JOANNE
Address: P.O BOX 536008
City-St-Zip: ORLANDO, FL 32853

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: PERSHING, JOANNE
Address: P.O BOX 536008
City-St-Zip: ORLANDO, FL 32853

Title: VP () Change (X) Addition
Name: STORY, LLOYD
Address: 7512 DR. PHILLIPS BLVD. SUITE 50-239
City-St-Zip: ORLANDO, FL 32819

Title: S () Change (X) Addition
Name: CARRION JR., CLEMENTE E
Address: 1409 ORCHID LANE
City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BYRON FAIN

D

03/02/2006

Electronic Signature of Signing Officer or Director

_____ Date