

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 09, 2007 8:00 am**  
**Secretary of State**

03-09-2007 90001 026 \*\*\*150.00

**DOCUMENT # P97000042769**

1. Entity Name  
**ENLIGHTMENT WORLDWIDE, INC.**



Principal Place of Business  
**P.O BOX 536008  
ORLANDO, FL 32853-6008**

Mailing Address  
**P.O BOX 536008  
ORLANDO, FL 32853-6008**



03062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0895252**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_  
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 NAME STREET ADDRESS CITY - ST - ZIP	D FAIN, BYRON P.O BOX 536008 ORLANDO, FL 32853
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PERSHING, JOANNE P.O BOX 536008 ORLANDO, FL 32853
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STORY, LLOYD 7512 DR. PHILLIPS BLVD. SUITE 50-239 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CARRION JR., CLEMENTE E 1409 ORCHID LANE KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Byron Fain **Byron Fain**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 8, 2007  
Date

407-443-8920  
Daytime Phone #