


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 18 AM 9:49

DOCUMENT # P97000068224 1. Entity Name WORTHWHILE DEVELOPMENT III, INC.	
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Principal Place of Business 1110 DOUGLAS AVE. SUITE 2050 ALTAMONTE SPRINGS, FL 32714 US	Mailing Address 1110 DOUGLAS AVE. SUITE 2050 ALTAMONTE SPRINGS, FL 32714 US
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2. Principal Place of Business - No P.O. Box # <i>365 WEKIVA SPRINGS RD</i> Suite, Apt. #, etc. <i>SUITE 231</i> City & State <i>LONGWOOD FL</i> Zip <i>32779</i> Country <i>USA</i>	3. Mailing Address <i>365 WEKIVA SPRINGS RD</i> Suite, Apt. #, etc. <i>SUITE 231</i> City & State <i>LONGWOOD, FL</i> Zip <i>32779</i> Country <i>USA</i>
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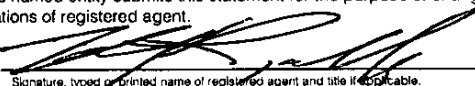


01282008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3464680		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent ROYALL, H. J. JR 1110 DOUGLAS AVE SUITE 2050 ALTAMONTE SPRINGS, FL 32714	7. Name and Address of New Registered Agent Name <i>ROYALL, H. J. JR.</i> Street Address (P.O. Box Number is Not Acceptable) <i>365 WEKIVA SPRINGS ROAD</i> <i>SUITE 231</i> City <i>LONGWOOD</i> FL Zip Code <i>32779</i>
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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:  (NOTE: Registered Agent signature required when reinstating)

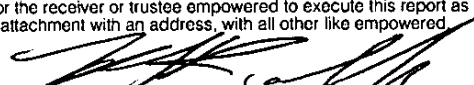
DATE: *4/11/08*

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROYALL, H. J. JR 1110 DOUGLAS AVE ALTAMONTE SPRINGS, FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROYALL, H. J. JR 365 WEKIVA SPRINGS RD SUITE 231 LONGWOOD, FL 32779
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  (NOTE: Registered Agent signature required when reinstating)

DATE: *4/11/08* Daytime Phone #: *407-774-0303*

4/11/08