2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000105044

1. Entity Name
WORLDWIDE CAPITAL INVESTMENTS, INC.

Principal Place of Business	Mailing Address
12901 MCGREGOR BLVD SUITE 1B FT. MYERS, FL 33919	PO BOX 61608 FT. MYERS, FL 33902 33906

DO NOT WRITE IN THIS SPACE

03192005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0809031	Not Applicable

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

6. Name and Address of Current Registered Agent

SINIBALDI, DEAN A SR.
12901 MCGREGOR BLVD
#1B
FORT MYERS, FL 33919

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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: _Dean Sinibaldi_   3-19-05

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, 2005 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VPST
NAME	SINIBALDI, DEAN A.
STREET ADDRESS	12901 MCGREGOR BLVD #1B
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	PD
NAME	SINIBALDI, DEAN A SR
STREET ADDRESS	12901 MCGREGOR BLVD #1B
CITY-ST-ZIP	FORT MYERS, FL 33919

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Dean Sinibaldi_   3-19-05   (239) 910-2412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #