

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90084 035 ***150.00

DOCUMENT # P98000010596

1. Entity Name
WORLDWISE, INC.



Principal Place of Business
**500 LAMBERT AVE
FLAGLER BCH, FL 32136 US**

Mailing Address
**P.O. BOX 953305
LAKE MARY, FL 32705**

50005260



2. Principal Place of Business

3. Mailing Address

1457 No. 45 Hwy 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 24

01132005

Chg-P

CR2E034 (10/03)

City & State

City & State

Orlando BEACH, FL.

4. FEI Number

59-3494162

Applied For

Not Applicable

Zip

Country

Zip

Country

32174

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAVY, BENJAMIN
2825 N. OCEANSHORE BLVD.
FLAGLER BCH, FL 32136**

Name

SAVY BENJAMIN

Street Address (P.O. Box Number is Not Acceptable)

25 PINE CONE DRIVE

SUITE 2A

City

PAUMCOAST

FL

Zip Code

32164

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, 2005 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 **P** ☐ Delete
NAME **COOKE, THOMAS**
STREET ADDRESS **500 LAMBERT AVE**
CITY-ST-ZIP **FLAGLER BEACH, FL 32136**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-05 800 403 9379