


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90013 034 ***150.00

DOCUMENT # P98000015026					
1. Entity Name W. O. M. WORLD OF MEDICINE USA, INC.					
Principal Place of Business 4531 36TH STREET ORLANDO, FL 32811			Mailing Address 20 N ORANGE AVE. SUITE 600 ORLANDO, FL 32801		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3493856	
Zip		Country		City	
6. Name and Address of Current Registered Agent HENDRY, STONER, DELANCETT, & BROWN, P.A. 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Hendry, Stoner, Calandrino & Brown, PA Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. By: <u>Hendry, Stoner, Calandrino & Brown, P.A.</u> SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD WEST, PETER P 7486 LAKE MARSHA DR ORLANDO, FL 32819	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVS WEST, SANDRA 7486 LAKE MARSHA DR ORLANDO, FL 32819	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EP THIER, CARL-CHRISTIAN 7485 LAKE MARSHA DRIVE ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVD STRELITZKI, ROLAND 3315 BALSAM DRIVE WINTER PARK, FL 32792	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KELLY, SEAN 2216 BRADFORD COURT ORLANDO, FL 32806	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: <u>Sean Kelly</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2/2/2006 407-438-8810 <small>Date Daytime Phone</small>	

50001817



01102006 Chg-P CR2E034 (11/05)

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
 Applied For Not Applicable

ATTACHMENT

LAW OFFICES OF
HENDRY, STONER, CALANDRINO & BROWN

PROFESSIONAL ASSOCIATION

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LISA KRUEGER KHAN
IMMIGRATION AND NATURALIZATION

JOHN G. DELANCETT
COMMERCIAL AND TAX LITIGATION
CERTIFIED CIRCUIT CIVIL MEDIATOR

MARCOS A. CIGAGNA
ADMITTED IN BRAZIL ONLY

March 8, 2006

Uniform Business Report
Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302-1500

Re: 2006 Uniform Business Report (UBR)

To Whom It May Concern:

Enclosed please find the Uniform Business Report for W.O.M. WORLD OF MEDICINE USA, INC., along with a check in the amount of \$150.00 for the filing fee.

Sincerely,



Robert R. Hendry

RRH/bob

Enclosure