

2007 FOR PROFIT CORPORATION ANNUAL REPORT


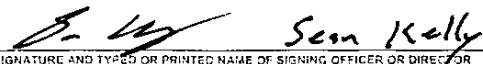
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Secretary of State

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01082007 Chg-P CR2E034 (12/06)

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3493856		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HENDRY, STONER, CALANDRINO & BROWN, P.A. 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801		Name	
		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.			
SIGNATURE _____ DATE _____ <small>Signature (typed or printed name of registered agent if not applicable) (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIEST, PETER P	NAME	
STREET ADDRESS	7486 LAKE MARSHA DR	STREET ADDRESS	
CITY- ST- ZIP	ORLANDO, FL 32819	CITY- ST- ZIP	
TITLE	EVS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIEST, SANDRA	NAME	
STREET ADDRESS	7486 LAKE MARSHA DR	STREET ADDRESS	
CITY- ST- ZIP	ORLANDO, FL 32819	CITY- ST- ZIP	
TITLE	EVD <input type="checkbox"/> Delete	TITLE	EVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRELITZKI, ROLAND	NAME	Strelitzki, Roland
STREET ADDRESS	3315 BALSAM DRIVE	STREET ADDRESS	1984 Montfort Lane
CITY- ST- ZIP	WINTER PARK, FL 32792	CITY- ST- ZIP	Oelton, FL 32792
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, SEAN	NAME	
STREET ADDRESS	2216 BRADFORD COURT	STREET ADDRESS	
CITY- ST- ZIP	ORLANDO, FL 32806	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
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 I am empowered.			
SIGNATURE: 		2/21/2007 407 438 8910	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			