2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# P98000015026

Entity Name: W. O. M. WORLD OF MEDICINE USA, INC.

Current Principal Place of Business:

4531 36TH STREET
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

20 N ORANGE AVE.
SUITE 600
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-3493856 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENDRY, STONER, CALANDRINO & BROWN, P.A.
20 N. ORANGE AVENUE
SUITE 600
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

HENDRY, STONER & BROWN, P.A.
20 N. ORANGE AVENUE
SUITE 600
ORLANDO, FL 32801 US

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.

SIGNATURE: HENDRY, STONER & BROWN, P.A. 02/19/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WIEST, PETER P
Address: 7486 LAKE MARSHA DR
City-St-Zip: ORLANDO, FL 32819

Title: EVS ( ) Delete
Name: WIEST, SANDRA
Address: 7486 LAKE MARSHA DR
City-St-Zip: ORLANDO, FL 32819

Title: EVD (X) Delete
Name: STRELITZKI, ROLAND
Address: 1984 MOATFORT LANE
City-St-Zip: DELTONA, FL 32792

Title: VD (X) Delete
Name: KELLY, SEAN
Address: 2216 BRADFORD COURT
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA WIEST EVS 02/19/2009
Electronic Signature of Signing Officer or Director Date