

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000031985

Entity Name: AXIS WORLD WIDE, INC.

FILED  
Apr 30, 2005  
Secretary of State

## Current Principal Place of Business:

4122 LAMSON AVE  
SPRING HILL, FL 34608 US

## New Principal Place of Business:

P.O.BOX 11082  
SHADY HILLS, FL 346100082 US

## Current Mailing Address:

PO BOX 11082  
BROOKSVILLE, FL 346100082

## New Mailing Address:

PO BOX 11082  
SHADY HILLS, FL 346100082

FEI Number: 59-3490178

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHEAR, ROBERT L  
2790 SUNSET POINT RD  
CLEARWATER, FL 33759 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LAMBERT, DAVID  
Address: 4122 LAMSON AVE  
City-St-Zip: SPRING HILL, FL 34608

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: AXIS WORLD WIDE, INC., .  
Address: P.O.BOX 11082  
City-St-Zip: SHADY HILLS, FL 346100082

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID LAMBERT

P

04/30/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date