


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000050162 1. Entity Name WORLDWIDE CAPITAL FINANCE CORP.	
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Principal Place of Business 3949 EVANS AVE., STE. 402 FORT MYERS, FL 33901	Mailing Address P. O. BOX 60674 FORT MYERS, FL 33906
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DO NOT WRITE IN THIS SPACE



04152006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0865000	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZVARA, WILLIAM L
4810 ARAPAHOE AVE.
JACKSONVILLE, FL 32210

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, PHILIP C 3949 EVANS AVE., STE. 402 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZVARA, WILLIAM L 4810 ARAPAHOE AVE. JACKSONVILLE, FL 32210
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05/02/06-80103-019 158.75

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IN THIS SPACE**

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: Philip C Bennett 4/17/06 239-277-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #