2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 09, 2008 08:00 All Secretary of State DOCUMENT # P98000055263 1. Entity Name WORLDWIDE EMBROIDERY, INC. Principal Place of Business Mailing Address 4471 E PORT PARKWAY 4471 E PORT PARKWAY PORT ORANGE, FL 32127 PORT ORANGE, FL 32127 02142008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 59-3521200 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MANEK, NARESH DO NOT WRITE 4471 E PORT PARKWAY PORT ORANGE, FL 32127 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NARESH, MANEK NAME STREET ADDRESS 4471 E PORT PARKWAHY CITY-ST-ZIP PORT ORANGE, FL 32127 TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME ' STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

TITLE

STREET ADDRESS CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED