

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000069462

1. Entity Name
WORLD PLAZA II MANAGEMENT GROUP, INC.



**FILED
Jan 11, 2008 8:00 am
Secretary of State**

01-11-2008 90033 005 ***150.00

Principal Place of Business
12651 WORLD PLAZA LANE
FORT MYERS, FL 33907

Mailing Address
12651 WORLD PLAZA LANE
FORT MYERS, FL 33907

DO NOT WRITE IN THIS SPACE



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0855350	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HAUGEN, HERMAN
12651 WORLD PLAZA LANE
FORT MYERS, FL 33907

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HAUGEN, HERMAN
STREET ADDRESS 12500 WORLD PLAZA LANE, SUITE 1
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-08

Date

239-275-5330

Daytime Phone #