2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 19, 2004 08:00 AM **DOCUMENT # P99000064286 Secretary of State** 1. Entity Name WORLDWIDE BROKERAGE COMPANY Principal Place of Business Mailing Address 499 W. RIVERBAY COURT 499 W. RIVERBAY COURT DUNNELLON, FL 34434 DUNNELLON, FL 34434 03172004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0936215 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROBERTS, DAVID C DO NOT WRITE 499 W. RIVERBAY COURT DUNNELLON, FL 34434 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) 73477 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. SPT TITLE ROBERTS, DAVID C NAME STREET ADDRESS 499 W. RIVERBAY COURT CTTY-ST-7/2 DUNNELLON, FL 34434 U000000092795 BAST 03/19/04-80023-009 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CTTY-57-20P TIRLE IN THIS SPACE NAME STREET ADDRESS CTTY-57-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITE

12. I hereby certify that the information supplied with this filling does not qualify 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 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: .

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR