


**FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED

11 MAY 27 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| DOCUMENT # V10140 |  |
| 1. Entity Name Worldwide Locators, Inc. | |

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|---|---|
| 2. Principal Place of Business - No P.O. Box # 1800 Old Okeechobee Rd | 3. Mailing Address P.O. Box 16008 |
| Suite, Apt. #, etc. Suite 200 | Suite, Apt. #, etc. |
| City & State West Palm Beach, FL | City & State West Palm Beach, FL |
| Zip 33409 | Country USA |

CR2E034B (1/11)

| | | |
|---|---|---|
| 4. FEI Number 650315046 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |

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| | |
|---|-----------------------------|
| 7. Name and Address of Current Registered Agent | |
| Name John C. Swearingen | |
| Street Address (P.O. Box Number is Not Acceptable) 1800 Old Okeechobee Rd, Suite 200A | |
| City West Palm Beach | FL Zip Code 33409 |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

| | | |
|---|--|--|
| <p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State</p> | <p>9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees</p> | <p>E-mail Address: jswearingen99@gmail.com E-mail address to be used for future annual report notices</p> |
|---|--|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPTS John C. Swearingen 1800 Old Okeechobee Rd, Suite 200 West Palm Beach, FL 33409 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | AS 5/27 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155 F.S.

SIGNATURE: John C. Swearingen DATE: 5/25/11 Daytime Phone #: 561-689-9858