2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # V48139

1. Entity Name

WORLD-WIDE RELOCATION SERVICES, INC.



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

16205 LAKE MAGDALENE BLVD-TAMPA, FL 33613-1250 US Mailing Address

16205 LAKE MAGDALENE BLVD TAMPA, FL 33613-1250 US



02072008

No Cha-P

CR2E034 (11/05)

4. FEI Number 59-3129665

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATKINS, CARL T. 7345 JACKSON SPRINGS RD STE 3 TAMPA, FL 33634

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	named entity submits this statement for the ptions of registered agent.	ourpose of changing its registered of	office or registered agent, or bo	th, in the State of Florida. I am familiar	with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if annicable INCIE- Registered &c	ent signature required when reinstating)	DATE	
	organica, types or printed to the or regulation again and suc	(voice inglation ing	on agracio i oqui oci wi oci i omattimigi	U00000927585	
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.	9 \$5.00 May Be □ Added to Fees	05/20/08-80106-024	150.00
INAME STREET ADDRESS CITY-ST-ZIP	MITULINSKY, RICHARD 16205 LAKE MAGDALEN BLVD TAMPA, FL	OTORS RECOGNISHED TO SERVICE AND SERVICE A			
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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 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

4/1 /08 813 763-8965

Daytime Phone #