

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V65933

FILED
Mar 09, 2005
Secretary of State

Entity Name: WORLDWIDE LOGISTICS, INC.

Current Principal Place of Business:

925 SE 23 AVE
CAPE CORAL, FL 33990 US

New Principal Place of Business:

Current Mailing Address:

PMB 102
4085 HANCOCK BRIDGE PKWY, 111
NORTH FORT MYERS, FL 33903 US

New Mailing Address:

FEI Number: 65-0367078 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEGALL, WILLIAM R CHM
925 SE 23 AVE
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: STEGALL, WILLIAM R
Address: 925 SE 23 AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: T () Delete
Name: STEGALL, KELLEY
Address: 333 UNIVERSITY DR., #214
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DP () Delete
Name: STEGALL, CONSTANCE A
Address: 925 SE 23 AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: S () Delete
Name: STEGALL, ANDREA
Address: 1885 PALM COVE BLVD., #206
City-St-Zip: DELRAY BEACH, FL 33445

Title: M () Delete
Name: MCNEILL, KIMBERLY A
Address: 150 18 59TH AVE
City-St-Zip: FLUSHING, NY 11355

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: M (X) Change () Addition
Name: CORRADO, KIMBERLY A
Address: 661 KING AVE
City-St-Zip: BRONX, NY 10464 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. STEGALL

CHM

03/09/2005

Electronic Signature of Signing Officer or Director

_____ Date