2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V65933

Title:

Name:

Address:

City-St-Zip:

Apr 25, 2007 Secretary of State

Entity Name: WORLDWIDE LOGISTICS, INC. **Current Principal Place of Business: New Principal Place of Business:** 925 SE 23 AVE CAPE CORAL, FL 33990 US **Current Mailing Address: New Mailing Address:** PMB 102 4085 HANCOCK BRIDGE PKWY, 111 NORTH FORT MYERS, FL 33903 FEI Number: 65-0367078 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STEGALL, WILLIAM R CHM 925 SE 23 AVE CAPE CORAL, FL 33990 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition STEGALL, WILLIAM R Name: Name: 925 SE 23 AVE Address: Address: City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: Title: Title: () Delete () Change () Addition Name: STEGALL, KELLEY Name: 333 UNIVERSITY DR., #214 Address: Address: CORAL GABLES, FL 33134 US City-St-Zip: City-St-Zip: Title: () Delete Title: DP () Change () Addition STEGALL, CONSTANCE A Name: Name: 925 SE 23 AVE Address: Address: City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: Title: () Delete Title: (X) Change () Addition STEGALL, ANDREA DEROSA, ANDREA Name: Name: Address: 1885 PALM COVE BLVD., #206 Address: 550 S. OCEAN BLVD, #1809 City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM R. STEGALL С 04/25/2007

() Delete

CORRADO, KIMBERLY A

BREWSTER, NY 10509 US

701 ASHFORD CR

() Change () Addition