2005 FOR PROFIT CORPORATION

SIGNATURE: 1

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 10, 2005 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # V68794 01-10-2005 90044 025 ***150.00 1. Entity Name WORLD WIDE INVESTIGATIONS LTD., INC. Principal Place of Business Mailing Address RYNTIONS 750 SE 3 AVENUE 750 SE 3 AVENUE SUITE 201 #201 FORT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01042005 Chg-P CR2E034 (10/03) City & State City & State 4 FEI Number Applied For 65-0409856 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CACCIATORE, RONALD J. 750 SE 3 AVENUE, SUITE 201 FORT LAUDERDALE, FL 33316 "FORT LAVOERDALE 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 Fiorida. I am familiar with, and accept the obligations of registered agent nature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSD TITLE Delete TITLE PRESIDENT ☐ Addition ₹ Channe CACCIATORE, RONALD NAME NAME 750 SE 310 AVE #201 STREET ADDRESS 750 S E S AVE STE 201 STREET ADDRESS FT. LAUDERDAIC, FL. 33316 CITY-ST-ZIP FT. LAUDERDALE, FL 33316 CITY-ST-ZIP TITLE Detete TITLE ☐ Change Secretary **Addition** RONALD CACCEATORE 750 S.E. 310 AVE # 201 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Ft. Lauderoaie, Fl . 333/6 TITLE Delete . TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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.

1/06/05

Daytime Phone #

FILED