

subject to a penalty fee of \$25.00.

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

401.222.30

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is

1. Corporate ID No.	2. Name of Corporation	1 world	Filandereld			
3. Street Address Principal Business Of	fice f	> 1/5-=	City	State	Zig_>>3/	
1314 E las	OLAS BU		+1 Landida	9 FC-	J3301.	
4. Business Phone No. 5. State of Incorporation 4.01 84900841. Mavada.						
6. Brief Description of the Granacter of Business Conducted in Rhode Island  Pelait Stores.						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS						
Justin Dubowitz.			Christian. Schlebuch.			
1314 ELAS OLAS BULD.			Street Address 7 Me Ton RD.			
FT Landa Vale	State FL	3330 l	Helwert-	State ZI	0784cCi	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	žφ S D	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS						
Director Name			Director Name			
Street Address			Street Address		3 5000	
City	State	Zip	City	State	Zip:	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR AITACHMENT) [   ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value	
			75000	STR	1.00	
This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.						
this report must be executed of	on behalf of the corpo	oration by the receiver of	or trustee.			
				, I declare and affirm that I		
F	ILEDIA	1	including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
File Date  DEC 1 1 2008  Date  Date						
Check No. By C	75598 10:	<b>\$~</b> \$	Print or Type Name	Print or Type Name		
FOR SECRETARY OF STA	TE USE ONLY			. Schlebac	لر	
- OR ODOROJIMA OF DIA		I	Title		Form 630 Rev. 08/08	