

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001094

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** AFFILIATED WORKERS ASSOCIATION INC

**Current Principal Place of Business:**

2222 LYNBROOK LANE  
GARLAND, TX 75041

**New Principal Place of Business:**

825 MARKET STREET  
SUITE #300  
ALLEN, TX 75013

**Current Mailing Address:**

2222 LYNBROOK LANE  
GARLAND, TX 75041

**New Mailing Address:**

825 MARKET STREET  
SUITE #300  
ALLEN, TX 75013

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: PETERSON, NEIL  
Address: 8504 BRADFORD DR  
City-St-Zip: PLANO, TX 75025

Title: DV  
Name: BURLEY, JEFF  
Address: 2406 TURTLE CREEK DR  
City-St-Zip: SHERMAN, TX 75092

Title: DS  
Name: WOOD, JAMES M  
Address: 7403 ROCKY RIDGE DR  
City-St-Zip: FRISCO, TX 75035

Title: DT  
Name: RAY, JOEY  
Address: 8501 WADE BLVD, #250  
City-St-Zip: FRISCO, TX 75034

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES M WOOD

DST

04/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date