2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State
02-25-2004 90019 008 ***158.75

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DOCUMENT # K71868

1. Entity Name
PRACTICAL INTELLIGENCE AT WORK, INC.

Principal Place of Business	Mailing Address
~~1200 N. FEDERAL HWY.~~	~~1200 N. FEDERAL HWY.~~
~~SUITE 200~~	~~SUITE 200~~
~~BOCA RATON, FL 33432 US~~	~~BOCA RATON, FL 33432 US~~

01192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
21652 Club Villa Terrace		21218 St Andrews Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #407	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33433	Country US	Zip 33433	Country US

4. FEI Number 65-0106490 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOODY, STEVE E.
1333 S. UNIVERSITY DR
SUITE 201
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE __________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD COLONIA-WILLNER, REGINA C PHD 321 FOX FIRE DR SMYRNA, GA 30082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: Regina C. Colonia-Willner, PhD 02.23.2004 678-758-4643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #