2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 31, 2005
Secretary of State

DOCUMENT# P04000066689

Entity Name: WORKERS' COMPENSATION NETWORK INC.

Current Principal Place of Business:

9440 SW 8TH STREET
SUITE 417
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

9440 SW 8TH STREET
SUITE 417
BOCA RATON, FL 33428

New Mailing Address:

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

Name and Address of Current Registered Agent:

DELUCIA, MICHAEL
9440 SW 8TH STREET
BOCA RATON, FL 33428 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: D ( ) Delete
Name: DELUCIA, ANGELA
Address: 9440 SW 8TH STREET SUITE 417
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DELUCIA, MICHAEL
Address: 9440 SW 8TH STREET SUITE 417
City-St-Zip: BOCA RATON, FL 33428

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

SIGNATURE: MICHAEL DELUCIA D 05/31/2005
Electronic Signature of Signing Officer or Director — Date