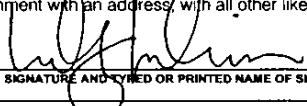


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90019 034 ***150.00

DOCUMENT # P05000148724 1. Entity Name WORKSHOP 131, INC.					
Principal Place of Business 1505 COLONIAL DR TALLAHASSEE, FL 32303			Mailing Address 1505 COLONIAL DR TALLAHASSEE, FL 32303		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 01-0849676	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent LEVINE, MARK S 245 E VIRGINIA STREET TALLAHASSEE, FL 32301			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, 2008 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	PVTs ROBINSON, KELLEY 1505 COLONIAL DR TALLAHASSEE, FL 32303	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROBINSON, CHRIS 1505 COLONIAL DR TALLAHASSEE, FL 32303	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVTs ROBINSON, KELLEY 1505 COLONIAL DRIVE TALLAHASSEE, FL 32303	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROBINSON, CHRIS 1505 COLONIAL DR TALLAHASSEE, FL 32303	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROBINSON, CHRIS 1505 COLONIAL DR TALLAHASSEE, FL 32303	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROBINSON, CHRIS 1505 COLONIAL DR TALLAHASSEE, FL 32303	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROBINSON, CHRIS 1505 COLONIAL DR TALLAHASSEE, FL 32303	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROBINSON, CHRIS 1505 COLONIAL DR TALLAHASSEE, FL 32303	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		KELLEY ROBINSON		3/19/08	850.284.4235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	