

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000053005

FILED  
Feb 14, 2007  
Secretary of State

Entity Name: WEBSWORK TECHNOLOGIES INC.

**Current Principal Place of Business:**

629 ALTAMIRA ST NW  
PALM BAY, FL 32907

**New Principal Place of Business:**

**Current Mailing Address:**

629 ALTAMIRA ST NW  
PALM BAY, FL 32907

**New Mailing Address:**

FEI Number: 86-0956017      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HARRELL, DENISE  
629 ALTAMIRA ST NW  
PALM BAY, FL 32907      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HARRELL, DENISE  
Address: 629 ALTAMIRA ST NW  
City-St-Zip: PALM BAY, FL 32907

Title: V ( ) Delete  
Name: HARRELL, MICHAEL  
Address: 629 ALTAMIRA ST NW  
City-St-Zip: PALM BAY, FL 32907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DENISE HARRELL

P

02/14/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date