

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000060721

FILED
Apr 15, 2005
Secretary of State

Entity Name: THE WORKFORCE MANAGEMENT GROUP, INC.

Current Principal Place of Business:

6469 WILLOUGHBY CIR
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

1730 S. FEDERAL HIGHWAY
BOX 288
DELRAY BEACH, FL 33483

New Mailing Address:

6542 HYPOLUXO RD
BOX 306
LAKE WORTH, FL 33467

FEI Number: 65-0784841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COTHARIN, TODD
6469 WILLOUGHBY CIR
LAKE WORTH, FL 33463 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: VP () Delete
Name: COTHARIN, TODD A
Address: 6469 WILLOUGHBY CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: P () Delete
Name: GONOS, DARYL A
Address: 4895 NORTH POINT WAY
City-St-Zip: CUMMING, GA 30041

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 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: TODD COTHARIN

VP

04/15/2005

Electronic Signature of Signing Officer or Director

_____ Date