

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000060721

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: THE WORKFORCE MANAGEMENT GROUP, INC.

**Current Principal Place of Business:**

4215-B GATOR TRACE AVE  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

1805 SPOTTED OWL DR SW  
VERO BEACH, FL 32962

**Current Mailing Address:**

3245 W. MAIN STREET  
STE 235-197  
FRISCO, TX 75034

**New Mailing Address:**

FEI Number: 65-0784841      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GONOS, DARYL  
4215-B GATOR TRACE AVE  
FORT PIERCE, FL 34982      US

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

GONOS, DARYL  
1805 SPOTTED OWL DR SW  
FORT PIERCE, FL 32962      US

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: \_\_\_\_\_ 04/30/2007  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: COTHARIN, TODD A  
Address: 11708 BLACKHAWK DR  
City-St-Zip: FRISCO, TX 75034

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

Title: P (X) Change ( ) Addition  
Name: GONOS, DARYL A  
Address: 1805 SPOTTED OWL DR SW  
City-St-Zip: VERO BEACH, FL 32962

Title: SEC ( ) Change (X) Addition  
Name: SCHMIDT, PETER A  
Address: 1026 DICKENS LANE  
City-St-Zip: ALLEN, TX 75002

I hereby certify that the information supplied with this filing does not qualify 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: TODD COTHARIN      VP      04/30/2007  
Electronic Signature of Signing Officer or Director      Date