2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2007
Secretary of State

DOCUMENT# N03000006802

Entity Name: PROJECT: RETURN TO WORK INC.

Current Principal Place of Business:

3121 KINGSTON ST
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

900 WEST MARION AVENUE
PUNTA GORDA, FL 33952

Current Mailing Address:

P.O. BOX 496314
PORT CHARLOTTE, FL 33949

New Mailing Address:

900 WEST MARION AVENUE
PUNTA GORDA, FL 33950

FEI Number: 94-3317507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NIXON, FRAN
3121 KINGSTON ST
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

NIXON, FRAN
3121 KINGSTON ST
PORT CHARLOTTE, FL 33950 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: FRAN NIXON 07/06/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: NIXON, FRAN
Address: 3121 KINGSTON ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: ED ( ) Delete
Name: NIXON, FRAN
Address: 3121 KINGSTON ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: P ( ) Delete
Name: BRAZELL, ROB R
Address: 3121 KINGSTON
City-St-Zip: PORT CHARLOTTE, FL 33952 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROB BRAZELL PRES 07/06/2007
Electronic Signature of Signing Officer or Director Date