2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#716013

Entity Name: WORC, INC.

FILED Jul 03, 2007 Secretary of State

| Littly Na | ine. WORC, INC. | | | |
|---|--|---|---|--|
| Current Principal Place of Business: | | | New Princ | cipal Place of Business: |
| | 1Y ANN DR A BCH, FL 32117 | US | | |
| Current Mailing Address: | | | New Maili | ng Address: |
| | 1Y ANN DR A BCH, FL 32117 | US | | |
| In accordan | ce with s. 607.193(2)(b |), F.S., the corporation did not receiv | ' - ' | ee. |
| | , BARRY S | nt Registered Agent: | Name and | Address of New Registered Agent: |
| 1100 JIMM | ÍY ANN DR A BCH, FL 32117 | US | | |
| | named entity subme of Florida. | nits this statement for the purpose | e of changing | its registered office or registered agent, or both, |
| SIGNATU | RE: | | | |
| | Electronic Si | gnature of Registered Agent | | Date |
| OFFICERS AND DIRECTORS: | | | ADDITION | IS/CHANGES TO OFFICERS AND DIRECTORS: |
| Title: Name: Address: City-St-Zip: | P () Dele POLLACK, BARRY 1100 JIMMY ANN DR DAYTONA BEACH, F | l. | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | CD () Dele COBB, SHERI 1100 JIMMY ANN DR DAYTONA BEACH, F | l. | Title: Name: Address: City-St-Zip: | CD (X) Change () Addition KNAEBEL, MIKE 1100 JIMMY ANN DR. DAYTONA BEACH, FL 32117 US |
| Title: Name: Address: City-St-Zip: | VD () Dele KNAEBEL, MICHAEL 10 SOCO TRAIL ORMOND BEACH, FI | | Title: Name: Address: City-St-Zip: | VD (X) Change () Addition WALLACE, BERTRAN 1100 JIMMY ANN DRIVE DAYTONA BEACH, FL 32117 US |
| Title: Name: Address: City-St-Zip: | TD () Dele HELLER, KIM 31 WILLIS AVENUE ORMOND BEACH, FI | | Title: Name: Address: City-St-Zip: | TD (X) Change () Addition PARK, LISA 1100 JIMMY ANN DRIVE DAYTONA BEACH, FL 32117 US |
| Title: Name: Address: Citv-St-Zip: | SD () Dele PARK, LISA 8 COCONUT ROW DAYTONA BEACH. F | | Title: Name: Address: Citv-St-Zip: | SD (X) Change () Addition ERTL, CHRISTENE 1100 JIMMY ANN DRIVE DAYTONA BEACH. FL 32117 US |

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: BARRY S. POLLACK P 07/03/2007