2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767637

FILED May 19, 2006 Secretary of State

Entity Name: THE FLORIDA WORKFORCE DEVELOPMENT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1901 MASON AVE. 13805 58TH STREET N

STE 110 STE 2-140

DAYTONA BEACH, FL 32117 US CLEARWATER, FL 33760 US

Current Mailing Address: New Mailing Address:

1901 MASON AVE. 13805 58TH STREET N

STE 110 STE 2-140

DAYTONA BEACH, FL 32117 US CLEARWATER, FL 33760 US

FEI Number: 59-2467722 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: Name and Address of New Registered Agent:

THOMPSON, NANCY
205 E MAIN STREET #107
BARTOW, FL 33830 US
PEACHEY, EDWARD
13805 58TH STREET N
STE 2-140

CLEARWATER, FL 33760 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: EDWARD C PEACHEY 05/19/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 FRASER, RICHARD
 Name:
 PEACHEY, EDWARD

 Address:
 1901 MASON AVE STE 110
 Address:
 13805 58TH STREET N, STE 2-140

 City-St-Zip:
 DAYTONA BEACH, FL 32117
 City-St-Zip:
 CLEARWATER, FL 33760

Title: SD () Delete Title: SD (X) Change () Addition

Name: THOMPSON, GWENDA Name: SKINNER, THOMAS

Address: 9350 SOUTH FEDERAL HWY Address: 3003 SW COLLEGE ROAD, SUITE 205

City-St-Zip: PORT SAINT LUCIE, FL 34952 City-St-Zip: OCALA, FL 34474

Title: PD () Delete Title: PD (X) Change () Addition Name: THOMPSON, NANCY Name: JACKSON, MASON

Address: 205 E. MAIN ST., #107 Address: 3800 INVERRARY BLVD, SUITE 400

City-St-Zip: BARTOW, FL 33830 City-St-Zip: LAUDERHILL, FL 33319

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

SIGNATURE: EDWARD C PEACHEY TD 05/19/2006