## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000004654

FILED Jan 26, 2004 Secretary of State

Entity Nai	me: WORKF	ORCE STRATEGIES, INC.				
Current P	rincipal Place	e of Business:	New P	New Principal Place of Business:		
	PRINKLE ROA E, MI 49002	D		3497 S. 9TH STREET KALAMAZOO, MI 49009		
Current Mailing Address:				New Mailing Address:		
5965 S. SPRINKLE ROAD PORTAGE, MI 49002				3497 S. 9TH STREET KALAMAZOO, MI 49009		
FEI Number: 38-3575056 FEI Number Applied For ( ) F			FEI Number Not	Number Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name	Name and Address of New Registered Agent:		
1200 SOU PLANTATI	PORATION SY TH PINE ISLA ION, FL 3332	ND ROAD 4 US	purpose of chang	ina its reaister	ed office or registered agent, or both,	
	e of Florida.		purpose or origing	ing its register	ou office of registered agent, or betti,	
SIGNATU	RE:					
Election Car		nic Signature of Registered Ag g Trust Fund Contribution (  ).	ent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title:	O'BRIEN, JEFI 10591 COUNT RICHLAND, MI	) Delete FREY C RY CLUB DRIVE ) Delete	Title: Name: Address City-St-Z Title:	: 3497 S. 91	(X) Change ( ) Addition  JEFFREY C  TH STREET  DO, MI 49009  ( ) Change ( ) Addition	
Name: Address: City-St-Zip:	GUZY, WILLIA 5404 WAYNE BATTLE CREE	M ROAD	Name: Address City-St-2		( ) Shange ( ) Addition	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address City-St-2		•	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address City-St-2	: 5404 WAY	( ) Change (X) Addition 5, LAVERNE 'NE ROAD REEK, MI 49015	

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: JEFFREY C. O'BRIEN **PRES** 01/26/2004