

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004654

Entity Name: WORKFORCE STRATEGIES, INC.

FILED
Jan 12, 2005
Secretary of State

Current Principal Place of Business:

3497 S. 9TH STREET
KALAMAZOO, MI 49009

New Principal Place of Business:

Current Mailing Address:

3497 S. 9TH STREET
KALAMAZOO, MI 49009

New Mailing Address:

FEI Number: 38-3575056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: O'BRIEN, JEFFREY C
Address: 3497 S. 9TH STREET
City-St-Zip: KALAMAZOO, MI 49009

Title: VD () Delete
Name: GUZY, WILLIAM
Address: 5404 WAYNE ROAD
City-St-Zip: BATTLE CREEK, MI

Title: VD () Delete
Name: MELLEMA, IVAN
Address: 5404 WAYNE ROAD
City-St-Zip: BATTLE CREEK, MI 49015

Title: VD () Delete
Name: DEYOUNG, LAVERNE
Address: 5404 WAYNE ROAD
City-St-Zip: BATTLE CREEK, MI 49015

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:

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

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

PSTD

01/12/2005

Electronic Signature of Signing Officer or Director

Date