2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001193

Entity Name: OFFICEWORKSRX, INC.

FILED Jan 08, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
3001 N. ROCKY POINT DRIVE E, SUITE 247 TAMPA, FL 33607				3001 N. ROCKY POINT DRIVE E SUITE 200 TAMPA, FL 33607		
Current Mailing Address:				New Mailing Address:		
18801 VENTURA BLVD., SUITE 205 TARZANA, CA 91356			18801 VENTURA BLVD. SUITE 205 TARZANA, CA 91356			
FEI Number:	95-4840814	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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:						
		c Signature of Registered Agent	t		Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DANA, HALLBER	A BLVD, SUITE 205		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	LURITO, STEPH	A BLVD, SUITE 205		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	WHISNER, STEI	A BLVD., SUITE 205		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () GOERGEN, TOE 18801 VENTURA TARZANA, CA 9	DD A BLVD., SUITE 205		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	SHLOPAK, GRE	A BLVD., SUITE 205		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	CHUDY, TOM	Delete A BLVD., SUITE 205 11356		Title: (Name: Address: City-St-Zip:) Change ()Addition	

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

SIGNATURE: STEPHEN G. WHISNER VP 01/08/2008