


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90117 048 ***150.00

DOCUMENT # F05000003860 1. Entity Name MEN @ WORK SERVICES, INC.					
Principal Place of Business 3716 DESOTO BLVD. PALM HARBOR, FL 34683			Mailing Address 687 ALDERMAN ROAD, #210 PALM HARBOR, FL 34683		
2. Principal Place of Business 314 PENNSYLVANIA AVE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State CRYSTAL BEACH, FL. Zip 34681		City & State Zip		4. FEI Number 20-2955526	
Country U.S.A.		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FIGUEIRA, MICHELLE 3716 DESOTO BLVD. PALM HARBOR, FL 34683			7. Name and Address of New Registered Agent Name MICHELLE FIGUEIRA Street Address (P.O. Box Number is Not Acceptable) 314 PENNSYLVANIA AVE. City CRYSTAL BEACH FL Zip Code 34681		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP FIGUEIRA, PETER 3716 DESOTO BLVD. PALM HARBOR, FL 34683	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FIGUEIRA, MICHELLE 3716 DESOTO BLVD. PALM HARBOR, FL 34683	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP PETER FIGUEIRA 314 PENNSYLVANIA AVE. CRYSTAL BEACH, FL 34681	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MICHELLE FIGUEIRA 314 PENNSYLVANIA AVE. CRYSTAL BEACH, FL 34681	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Michelle Figueira</u> <u>03.15.06</u> <u>(727) 934-0348</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					