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SECRETARY OF STATE

COVER LETTER

TO:	New Filing Section Division of Corporations							
SUBJI	ECT: Interest	Woc	ks I	۷				
	(N	ame of corpo	oration - must	include suffix	()			
Dear Si	r or Madam:							
"Certifi	closed "Application by Foreign cate of Existence," and check a business in Florida.							
Please r	return all correspondence conce	bro	natter to the fo	ollowing:	SECRE	2007 JUN	<u> </u>	
Tnt	erest Works	5 In	<u>C.</u>		ARY ASSE	اً		
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Fort	- Walton Beac	h, F	(Address)	547	DA A	ئ ـــ `		
		(City/S	State and Zip of	ode)				
For furt	her information concerning thi	s matter, ple	ease call:					
Kevi	(Name of Person)	at (50 ₎ -5	343-C	506			
	(Name of Person)	(A	Area Code & I	Daytime Telep	hone Number)	1		
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclose	ed is a check for the following	amount:						
\$ 70.0	00 Filing Fee	ing Fee & te of Status		Filing Fee & ed Copy	Certifi	Filing Fe cate of S ed Copy	Status &	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) ose's) of corporation authorized in home state or country to be carried out in state of Florida). 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Florida 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as segistered agent. (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Chery Address: 822 Director: _ Address: _ Address: _ **B. OFFICERS** Address: 827 FL 32547 Vice President: Address: \S2 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTEREST WORKS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF MAY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

FILED

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SECRETARY OF STATE
SECRETARY OF STATE

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Darriet Smile Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5713373

DATE: 05-30-07