2005 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # F9900002067 05-02-2005 90379 009 ***150.00 1. Entity Name WORKFLOW OF FLORIDA, INC. Principal Place of Business Mailing Address 240 ROYAL PALM WAY 240 ROYAL PALM WAY 14012049 PALM BEACH, FL 33480 PALM BEACH, FL 33480

FILED May 02, 2005 8:00 am Secretary of State

·				3. Mailing Address									
				Three Greenwich Office Park					. IBIIB IBIII BAIII BAIII BAIII BALLI	FELLI METTE STATE	I SBIID BAIL IRA	DIBE!	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04112005	Chg-P	CR2E03	34 (10/03)			
				City & State Greenwich, CT				4. FEI Number 52-216			_ 	oplied For	
Zip	Country			Zip 06810	Cour	ntry	5. Certificate of Status Desired				8.75 Add	ditional	
6. Name and Address of Current Regis					<u> </u>	T	7. Name and Address of New Registered Agent					ed	
o. Hand and Addition of Outlieft Hegistered Agent								7. Name and	Address of New Ne	gistered A	Aeur		
		TIONS NETWOR					/F O Pou Number is Not Assentable						
941 FOURTH STREET MIAMI BEACH, FL 33139				Street Addres			idress (ss (P.O. Box Number is Not Acceptable)					
MIAMI BEA	ACH, FL 3	33139											
<i>></i>					City	City FL Zip Code					le		
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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered agent, or both, in the State of Florida.												and accept	
the obligations of registered agent.													
SIGNATURE													
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
	l												
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution.										ļ			
10.		CTORS	11.	1. ADDITIONS/CHANGES TO OF				ERS AND	DIRECTOR	S IN 11			
TITLE	PSTD	ş	Delete	TITL	E					Change	☐ Addition		
NAME	SCHMICKLE, MICHAEL L					1E	TL_		- L 066: B!				
STREET ADDRESS CITY-ST-ZIP	l	AL PALM WAY		eet address (-St-ZIP	Three Greenwich Office Park Greenwich, CT 06810								
	PALM BEA	ACH, FL 33480							* •				
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STREET ADDRESS				EET ADDRESS	Thr	ee Greenwich Office Park							
CITY-ST-ZIP				r-ST-ZIP		Greenwich, CT 06810							
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NAME				tE		Director ☐ Char Michael J. Zawalski							
STREET ADDRESS					STR	EET ADDRESS							
CITY-ST-ZIP	c					r-ST-ZiP	Gre	enwich, CT	06810				
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NAME STREET ADDRESS					NAM	ME Eet address							
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				D Balata	-						Change	□ Addition	
TITLE NAME				☐ Delete	TITL						☐ Change	☐ Addition	
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CITY-ST-ZIP						(-ST-ZIP							
12. I hereby	certify that the	e information supplied	with this f	iling does not qualify fo	r the exe	emption stat	ed in Se	ection 119.07(3)	(i), Florida Statutes. I f	urther cert	ify that the i	information	
indicated of the cor changed,	12. I hereby certify that the information supplied with this filing does not qualify 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 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 flustee employered to execute his peport 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 improvered.												

Paul H. Bogutsky, CFO

FICER OR DIRECTOR

4/11/05

Daytime Phone #