


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F99000004490  
 1. Entity Name  
**MEDEWORKS, INC.**



Principal Place of Business      Mailing Address  
**3505 OCEAN DRIVE**                      **3505 OCEAN DRIVE**  
**VERO BEACH, FL 32963 US**              **VERO BEACH, FL 32963 US**

**DO NOT WRITE IN THIS SPACE**



01102006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>06-1530460</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

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8. The above named entry 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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when certifying)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PO TAYLOR, JOHN E JR 3505 OCEAN DRIVE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD MARKOWICZ, VICTOR 3505 OCEAN DRIVE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD SNYDER, DONALD D 3505 OCEAN DRIVE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY- ST- ZIP	O CARUOLO, GEORGE D 3505 OCEAN DRIVE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CD SNOWDEN, GUY B 3505 OCEAN DRIVE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D RUBIN, GERALD 3505 OCEAN DRIVE VERO BEACH, FL 32963

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 03/06/06-80035-015 150.00

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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 (s) empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR