2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

if changed, or on an attachment with an address, with all other like empowered.

Feb 15, 2006 8:00 am Secretary of State DOCUMENT # J20425 1. Entity Name 02-15-2006 90048 033 ***150.00 PIECE OF WORK CORP. OF BOYNTON BEACH Mailing Address Principal Place of Business 1021 S ROGERS CIRCLE 1021 S ROGERS CIRCLE BAY #9 BOCA RATON FL 33487 **BOCA RATON FL 33487** 2. Principal Place of Business // \$1 \$. Royer Circle 3. Mailing Address 11815. ROGERS CIRCLE 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number 59-2697019 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARONE, PHIL Street Address (P.O. Box Number is Not Acceptable) 2121 N.E. 31 ST. LIGHTHOUSE POINT FL 33064 City Zio Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resistating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS UP, TREASURER, SECRETARY TITLE PSTD ☐ Detete NAME BARONE, PHIL BARONE, Ph:L 2121 NE 31ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 CITY-ST-ZIP □ Change Delete TITLE Addition TITLE HARRE NAME CARTER, KENNETH STREET ADDRESS STREET ADDRESS 7520 SEABREEZE DR CITY-ST-7tP LAKE WORTH FL 33467 CITY-ST-ZIP ___Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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

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