2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

Secretary of State DOCUMENT # K42881 1. Entity Name 01-30-2006 90072 001 ***150.00 WORKEASY CORP. Principal Place of Business Mailing Address 5714 COMTE DR NW 5714 COMTE DR NW GIG HARBOR, WA 98335 GIG HARBOR, WA 98335 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 65-0090927 Not Applicable Žip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANDRY, VERNA Street Address (P.O. Box Number is Not Acceptable) 508 D1 SHADY PINE WAY WEST PALM BEACH, FL 33415 City Zip Code 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 tale if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VTS TITLE ☐ Delete TITLE ☐ Change Addition NAME LANDRY, RUSS NAME STREET ADDRESS 5714 CONTE DR NW STREET ADDRESS CITY-ST-ZIP GIG HARBOR, WA 98335 CITY-ST-ZIP TITLE ☐ Delete TITLE **Change** Addition NAME LANDRY, MARYANNE Landry, Summer NAME 5714 CONTE DR NW STREET ADDRESS STREET ADDRESS GIG HARBOR, WA 98335 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 emoswered 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 accurate and the empowered.

NG OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 30, 2006 8:00 am