


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # K66476	
1. Entity Name RETAIL WORKS, INC.	

Principal Place of Business C/O THOMAS D. MURRAY 2640 GOLDEN GATE PKWY #102 NAPLES, FL 34105 US	Mailing Address C/O THOMAS D. MURRAY 2640 GOLDEN GATE PKWY #102 NAPLES, FL 34105 US
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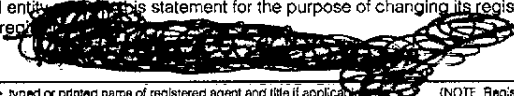

01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0268013	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MURRAY, THOMAS D. 2640 GOLDEN GATE PKWY 102 NAPLES, FL 34105
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DO NOT WRITE IN THIS SPACE

8. The above named entity makes 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 
(NOTE: Registered Agent signature required when reinstating)	

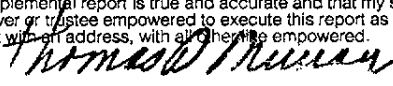
FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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000000346301
04/30/05-80094-006 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURRAY, THOMAS D. 2640 GOLDEN GATE PKWY #102 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROLQUIN, SHANNON 2640 GOLDEN GATE PKWY #102 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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 fee empowered.	
SIGNATURE: 	Date: 2/4/05 Daytime Phone #: 2394346767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	