2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006
Secretary of State

DOCUMENT# L05000087014

Entity Name: WORK AT HOME INSTITUTE LLC

Current Principal Place of Business:

3111 W MARTIN LUTHER KING BLVD
SUITE 100
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

3111 W MARTIN LUTHER KING BLVD
SUITE 100
TAMPA, FL 33607

New Mailing Address:

FEI Number: 20-3381507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RATHBONE, CATHERINE
2653 SW 20TH CIRCLE
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: RATHBONE, CATHERINE
Address: 2653 SW 20TH CIRCLE
City-St-Zip: OCALA, FL 34474

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: SAPP, CYNTHIA L
Address: 2200 NE 36TH AVE BLDG 400
City-St-Zip: OCALA, FL 34470

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CYNTHIA L SAPP MGR 01/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date