

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L80872

FILED
Apr 15, 2005
Secretary of State

Entity Name: CORPORATE CARE WORKS, INC.

Current Principal Place of Business:

8665 BAYPINE ROAD
100
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

8665 BAYPINE ROAD
100
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-3010363 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERSICO, CYNTHIA K.
8665 BAYPINE ROAD
100
JACKSONVILLE, FL 32256 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: PERSICO, CYNTHIA K
Address: 8665 BAYPINE ROAD, # 100
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: DT () Delete
Name: RIVERS, DARLENE
Address: 8665 BAYPINE RD #100
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: EAPD () Delete
Name: WILKERSON, JOYA K
Address: 8665 BAYPINE RD 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: DOO (X) Delete
Name: SIDONS, KEM
Address: 8665 BAYPINE RD. 100
City-St-Zip: JACKSONVILLE, FL 32256 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CFO (X) Change () Addition
Name: JOHNS, WILLIAM
Address: 8665 BAYPINE RD #100
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP (X) Change () Addition
Name: WILKERSON, JOYA K
Address: 8665 BAYPINE RD 100
City-St-Zip: JACKSONVILLE, FL 32256

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

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA K PERSICO

PRES

04/15/2005

Electronic Signature of Signing Officer or Director

_____ Date