

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006333

Entity Name: WORKFORCE SOLUTIONS I, LLC

FILED
Jan 05, 2007
Secretary of State

Current Principal Place of Business:

9300 WEST BAY HARBOR DRIVE
SUITE 4-B
BAY HARBOR ISLANDS, FL 33154 US

New Principal Place of Business:

Current Mailing Address:

9300 WEST BAY HARBOR DRIVE
C/O WALLACE, SUITE 4-B
BAY HARBOR ISLANDS, FL 33154 US

New Mailing Address:

FEI Number: 65-0951557 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, CHARLES E
9300 W. BAY HARBOR DRIVE
C/O WALLACE, SUITE 4-B
BAY HARBOR ISLANDS, FL 33154 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: MGRM () Delete
Name: WALLACE, CHARLES E
Address: 9300 WEST BAY HARBOR DRIVE
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

ADDITIONS/CHANGES:

Title: M/M (X) Change () Addition
Name: WALLACE, CHARLES E
Address: 9300 WEST BAY HARBOR DRIVE #4-B
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

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: CHARLES E. WALLACE

M/M

01/05/2007

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