2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005
Secretary of State

DOCUMENT# M38404

Entity Name: WORKMAN CONSTRUCTION COMPANY

Current Principal Place of Business:

2685 EXECUTIVE PARK DR
SUITE 5
FORT LAUDERDALE, FL 33331 US

New Principal Place of Business:

1485 NORTH PARK DRIVE
WESTON, FL 33326 US

Current Mailing Address:

2685 EXECUTIVE PARK DR
SUITE 5
FORT LAUDERDALE, FL 33331 US

New Mailing Address:

1485 NORTH PARK DRIVE
WESTON, FL 33326 US

FEI Number: 59-2735442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WORKMAN, TOD
2685 EXECUTIVE PARK DR
SUITE 5
FORT LAUDERDALE, FL 33331 US

Name and Address of New Registered Agent:

WORKMAN, TOD
1485 NORTH PARK DRIVE
WESTON, FL 33326 US

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: 07/06/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WORKMAN, TOD,
Address: 2685 EXECUTIVE PARK DR, STE 5
City-St-Zip: FORT LAUDERDALE, FL 33331

Title: VTS ( ) Delete
Name: WORKMAN, KAREN,
Address: 2685 EXECUTIVE PARK DR, STE 5
City-St-Zip: FORT LAUDERDALE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WORKMAN, TOD,
Address: 1485 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: VTS (X) Change ( ) Addition
Name: WORKMAN, KAREN,
Address: 1485 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326

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: TOD WORKMAN PRES 07/06/2005
Electronic Signature of Signing Officer or Director — Date