2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006
Secretary of State

DOCUMENT# N02000008847

Entity Name: THE WORKSHOP FOR ADULT VOCATIONAL ENRICHMENT, INC.

Current Principal Place of Business:

606 W. FOURTH AVENUE, SUITE 12
TALLAHASSEE, FL 32303

New Principal Place of Business:

300 MABRY STREET
TALLAHASSEE, FL 32304

Current Mailing Address:

P.O. BOX 12721
TALLAHASSEE, FL 323172721

New Mailing Address:

P.O. BOX 20044
TALLAHASSEE, FL 323160044 US

FEI Number: 54-2094338 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WIENANTS, LAURA
24387 LANIER ST.
TALLAHASSEE, FL 32310 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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WIENANTS, LAURA	
Address:	24387 LANIER ST.	
City-St-Zip:	TALLAHASSEE, FL 32310	
Title:	D	( ) Delete
Name:	BROWN, DIANE	
Address:	8149 BLUE QUILL TRAIL	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	D	( ) Delete
Name:	MORK, KATHY	
Address:	4101 ARKLOW DR.	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	TD	(X) Delete
Name:	BARRETT, JEANNIE	
Address:	5742 VICTOR BROWN TRAIL	
City-St-Zip:	TALLAHASSEE, FL 32303	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA WIENANTS PD 05/22/2006
Electronic Signature of Signing Officer or Director — Date