2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# N03000000244

Entity Name: MIGRANT WORKERS SOCIETY, INC.

Current Principal Place of Business:

5645 PAPAYA ROAD
WEST PALM BEACH, FL 33413 US

New Principal Place of Business:

Current Mailing Address:

5645 PAPAYA ROAD
WEST PALM BEACH, FL 33413 US

New Mailing Address:

FEI Number: 51-0494641 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAMIREZ-SOLIS, JEANNETTE
329 53 DRIVE N
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

TAYLOR, EVELYN
323 DRAKE ELM DRIVE
KISSIMMEE, FL 34743 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: EVELYN TAYLOR 04/12/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: VARGAS, VIRGINIA
Address: 5691 PAPAYA ROAD
City-St-Zip: W.P.B., FL 33413 US

Title: D (X) Delete
Name: HANSON, VALERIE
Address: 13696 68 STREET N.
City-St-Zip: W.P.B., FL 33412 US

Title: SEC ( ) Delete
Name: RAMIREZ-SOLIS, JEANNETTE
Address: 329 53 DRIVE N.
City-St-Zip: W.P.B., FL 33415 US

Title: P ( ) Delete
Name: SOLIS, ANTHONY
Address: 5645 PAPAYA ROAD
City-St-Zip: W.P.B., FL 33413 US

Title: T ( ) Delete
Name: GOULDING, AUDREY
Address: 5707 PAPAYA ROAD
City-St-Zip: W.P.B., FL 33413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: VARGAS, VIRGINIA
Address: 5707 PAPAYA ROAD
City-St-Zip: W.P.B., FL 33413 US

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: ANTHONY SOLIS P 04/12/2006
Electronic Signature of Signing Officer or Director Date