

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000302

FILED
May 30, 2005
Secretary of State

Entity Name: WORKING INNOVATIONS, INC.

Current Principal Place of Business:

1274 SW 16TH AVE.
BOCA RATON, FL

New Principal Place of Business:

Current Mailing Address:

1274 SW 16TH AVE.
BOCA RATON, FL

New Mailing Address:

FEI Number: 54-2094747 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:

Name and Address of New Registered Agent:

JONES, MARYELLEN B
1274 SW 16TH AVENUE
BOCA RATON, FL 33486 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRE () Delete
Name: GRAINER, STACY
Address: 7792 GREAT OAK DR
City-St-Zip: LAKE WORK, FL 33484

Title: VP () Delete
Name: FLYNN, MICHELE
Address: 1037 FOSTERS MILLS RD
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TRE () Delete
Name: MERENS, JACLYN
Address: 19910 VILLA LANTE PLACE
City-St-Zip: BOCA RATON, FL 33434

Title: SEC () Delete
Name: MCLAREN, LINDA
Address: 1301 NW 12TH AVENUE
City-St-Zip: BOCA RATON, FL 33486

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARYELLEN JONES

ED

05/30/2005

Electronic Signature of Signing Officer or Director

Date