

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000302

FILED
Jun 02, 2007
Secretary of State

Entity Name: WORKING INNOVATIONS, INC.

Current Principal Place of Business:

1499 W. PALMETTO PARK RD
SUITE 216
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

1499 W. PALMETTO PARK RD.
SUITE 216
BOCA RATON, FL 33486

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:

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

EX.D

06/02/2007

Electronic Signature of Signing Officer or Director

Date