
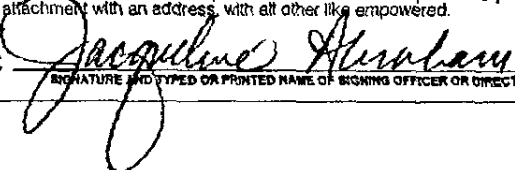


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000003414						
1. Entity Name WORKSHOPS UNLIMITED, INCORPORATED						
Principal Place of Business 130 GRANADA ST ROYAL PALM BEACH, FL 33411		Mailing Address 130 GRANADA ST ROYAL PALM BEACH, FL 33411				
6. Name and Address of Current Registered Agent ABRAHAM, JACQUELINE 130 GRANADA ST ROYAL PALM BEACH, FL 33411		<div style="text-align: right;">05172006 No Chg-NP CR2E037 (4/06)</div> <table border="1"> <tr> <td>4. FEI Number 51-0429936</td> <td>Applied For Not Applicable</td> </tr> <tr> <td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td> </tr> </table>	4. FEI Number 51-0429936	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 51-0429936	Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing)</small> DATE _____						
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RELPH, FRANCINE PO BOX 8731 W PALM BEACH, FL 33407					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CE ARNOLD, DEBORAH 909 29TH ST W PALM BEACH, FL 33404					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SCHLEIFER, MARJORIE 130 GRANADA ST ROYAL PALM BEACH, FL 33411					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAVOUR, JOI 1375 WEST 33RD STREET RIVERA BEACH, FL 33404					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: 		<div style="text-align: right;"> 5/16/06 Date 361-791-1618 Daytime Phone </div>				



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05/22/06-80012-005 \$1.25