2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004621

Apr 23, 2005 Secretary of State

Entity Name: WAGE PEACE, INC. **Current Principal Place of Business: New Principal Place of Business:** 7405 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211 **Current Mailing Address: New Mailing Address:** 7405 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211 FEI Number: 01-0792815 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARLIN, DORIS A 6339 POTTSBERG PLANTATION BLVD. JACKSONVILLE, FL 32216 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MARLIN, DORIS Name: Name: 6339 POTTSBURG PLANTATION BLVD. Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, DAVID Name: Name: Address: 2301 PLAINFIELD AVENUE Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: Title: () Delete Title: (X) Change () Addition BLADE, ROBERT Name: GALLO, JOHN R Name: 2334 BROADMOOR LANE 10819 GRAND CENTRAL PL NORTH Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32246 () Delete Title: Title: (X) Change () Addition MC CAFFERTY, DEBORAH Name: MC CAFFERTY, DEBORAH Name: Address: 3835 ASHYLEN DRIVE EAST Address: 2034 HERSCHEL STREET City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32204 Title: () Delete Title: (X) Change () Addition HERMANN, JOANNE ARMSTRONG, BILL Name: Name: 2101 SANDPIPER COURT 4472 CAROLYN COVE LANE NORTH Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: JACKSONVILLE, FL 32258

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: DAVID JOHNSON Т 04/23/2005