

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 24, 2006
Secretary of State**

DOCUMENT# N04000002724

Entity Name: WORKFORCE SOLUTIONS, INC. OF FLORIDA

Current Principal Place of Business:

15455 S.W. 87TH COURT
VILLAGE OF PALMETTO BAY, FL 33157

New Principal Place of Business:

8925 SW 148TH ST.
SUITE 200
VILLAGE OF PALMETTO BAY, FL 33176

Current Mailing Address:

15455 S.W. 87TH COURT
VILLAGE OF PALMETTO BAY, FL 33157

New Mailing Address:

FEI Number: 20-0920472 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARY COOPER CPA, PA
5700 N.W. 61 PLACE
PARKLAND, FL 33067 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: P () Delete
Name: PEARSON, COLETTE S
Address: 15455 S.W. 87TH COURT
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

Title: VP () Delete
Name: PEARSON, DANA G
Address: 15455 S.W. 87TH COURT
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: COLETTE PEARSON

PRES

04/24/2006

Electronic Signature of Signing Officer or Director

_____ Date