

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002578

FILED
Apr 28, 2008
Secretary of State

Entity Name: WORKFORCE 1, INC.

Current Principal Place of Business:

101 NE 3RD AVE
SUITE 1500 / 15TH FLR
FORT LAUDERDALE, FL 33301

Current Mailing Address:

101 NE 3RD AVE
SUITE 1500 / 15TH FLR
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

8359 BEACON BLVD
SUITE 404
FORT MYERS, FL 33907

New Mailing Address:

8359 BEACON BLVD
SUITE 404
FORT MYERS, FL 33907

FEI Number: 16-1738772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, PAUL
101 NE 3RD AVE
SUITE 1500
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

JONES, PAUL
8359 BEACON BLVD
SUITE 404
FORT MYERS, FL 33907 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:

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BIRCH, INGRID
Address: 17 449 CLOVER AVE
City-St-Zip: PORT CHARLOTTE, FL 339489998

Title: D () Delete
Name: JONES, PAUL
Address: 101 NE 3RD AVE / SUITE 1500
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: O (X) Delete
Name: WEST, YESINIA
Address: 13636 TROIA DR
City-St-Zip: FORT MYERS, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change () Addition
Name: JONES, PAUL
Address: 8359 BEACON BLVD / SUITE 404
City-St-Zip: FORT MYERS, FL 33907

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: PAUL JONES

O

04/28/2008

Electronic Signature of Signing Officer or Director

Date