2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007
Secretary of State

DOCUMENT# N06000004400

Entity Name: WORKPLACE SAFETY AWARENESS COUNCIL, INC.

Current Principal Place of Business:

8350 MCCOY ROAD
FORT MEADE, FL 33841

New Principal Place of Business:

Current Mailing Address:

8350 MCCOY ROAD
FORT MEADE, FL 33841

New Mailing Address:

FEI Number: 20-4639604 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASAVANT, DAVID A
8350 MCCOY ROAD
FORT MEADE, FL 33841 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: CASAVANT, DAVID A
Address: 8350 MCCOY ROAD
City-St-Zip: FORT MEADE, FL 33841

Title: S ( ) Delete
Name: LEE, JOHN
Address: 608 HAMLIN STREET
City-St-Zip: NOKOMIS, FL 34275

Title: D ( ) Delete
Name: PEDERSON, WILLIAM J
Address: 175 GALICIA WAY #204
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete
Name: JORGE, SHEILA
Address: 364 HENTHORN DRIVE
City-St-Zip: PALM SPRINGS, FL 33461

Title: D ( ) Delete
Name: LAWRENCE, KEN
Address: 1025 CONNECTICUT AVENUE NW #200
City-St-Zip: WASHINGTON, DC 20036

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:

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: DAVID A. CASAVANT P 04/13/2007

Electronic Signature of Signing Officer or Director — Date