

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001224

Entity Name: ASSURE WORKS, INC.

FILED
Jun 22, 2009
Secretary of State

Current Principal Place of Business:

19402 VIA DEL MAR #205
TAMPA, FL 33647

New Principal Place of Business:

2129 27TH STREET SOUTH
ST. PETE, FL 33712

Current Mailing Address:

19402 VIA DEL MAR #205
TAMPA, FL 33647

New Mailing Address:

2129 27TH STREET SOUTH
ST. PETE, FL 33712

FEI Number: 06-1831551 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DANIELS, VALERIE
19402 VIA DEL MAR #205
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

DANIELS, VALERIE
2129 27TH STREET SOUTH
ST. PETE, FL 33712 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: VALERIE DANIELS

06/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: DANIELS, VALERIE
Address: 19402 VIA DEL MAR #205
City-St-Zip: TAMPA, FL 33647

Title: VT (X) Delete
Name: JOHNSON, HELEN
Address: 19402 VIA DEL MAR #205
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DANIELS, VALERIE
Address: 2129 27TH STREET SOUTH
City-St-Zip: ST. PETE, FL 33712

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: VALERIA DANIELS

P

06/22/2009

Electronic Signature of Signing Officer or Director

Date