2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008
Secretary of State

DOCUMENT# N96000004249

Entity Name: WORKFORCE ALLIANCE, INC.

Current Principal Place of Business:

326 FERN STREET
SUITE 301
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

326 FERN STREET
SUITE 301
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 65-0709274 **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:

BAKER, DAVID H
ALLEY, MAASS, ROGERS & LINDSEY PA
340 ROYAL POINCIANA WAY, SUITE 321
PALM BEACH, FL 33480 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:	DVC	( ) Delete
Name:	JOHNSON, SR., RANDY K	
Address:	3965 INVESTMENT LANE A-4	
City-St-Zip:	RIVIERA BEACH, FL 33404	
Title:	DC	( ) Delete
Name:	ELMORE, GEORGE T	
Address:	2101 SOUTH CONGRESS AVENUE	
City-St-Zip:	DELRAY BEACH, FL 33445	
Title:	DS	( ) Delete
Name:	GALLON, DENNIS DR	
Address:	4200 CONGRESS AVE	
City-St-Zip:	LAKE WORTH, FL 33461	
Title:	DT	( ) Delete
Name:	JOHNSON, ARTHUR C DR	
Address:	3340 FOREST HILL BLVD C-316	
City-St-Zip:	WEST PALM BEACH, FL 33406	
Title:	DP	( ) Delete
Name:	SCHMIDT, KATHRYN	
Address:	326 FERN STREET, SUITE 301	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	VPF	( ) Delete
Name:	SCARPATI, ERICA	
Address:	326 FERN STREET, SUITE 301	
City-St-Zip:	WEST PALM BEACH, FL 33401	

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:	
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: KATHRYN SCHMIDT DP 06/02/2008
Electronic Signature of Signing Officer or Director — Date