

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005715

FILED
Apr 18, 2005
Secretary of State

Entity Name: WORK AMERICA, INCORPORATED

Current Principal Place of Business:

3050 BISCAYNE BLVD
SUITE 501
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

3050 BISCAYNE BLVD
SUITE 501
MIAMI, FL 33137 US

New Mailing Address:

FEI Number: 65-0730047 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLEMAN, HERBERT J
700 NE 26TH TERRACE
#1208
MIAMI, FL 33137 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: CD () Delete
Name: STRAHAM, DENISE
Address: 12333 SOUTHRIDGE DR
City-St-Zip: LITTLE ROCK, AR 72212

Title: VCD () Delete
Name: STRAHAM, DENISE
Address: 12333 SOUTHRIDGE DR
City-St-Zip: LITTLE ROCK, AR 72212

Title: PD () Delete
Name: COLEMAN, HERBERT J
Address: 700 NE 26TH TERRACE #1203
City-St-Zip: MIAMI, FL 33137

Title: TD () Delete
Name: JACKSON, SYLVESTER
Address: 4851 NW 21ST STREET
City-St-Zip: LAUDERHILL, FL 33313

Title: D () Delete
Name: NORWOOD, EDWIN
Address: 714 BROOKRIDGE DR.
City-St-Zip: TALLAHASSEE, FL 32305

Title: D () Delete
Name: WILLIAMS, BRIDGETTE
Address: 2106 SCOTT STREET
City-St-Zip: LITTLE ROCK, AR 72208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VCD (X) Change () Addition
Name: KIRK, WESLEY
Address: PO BOX 894
City-St-Zip: ARDMORE, OK 73402

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 Section 119.07(3)(i), 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: HERBERT J. COLEMAN

PD

04/18/2005

Electronic Signature of Signing Officer or Director

Date