
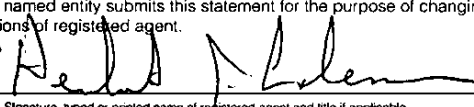
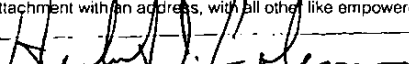


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90095 033 ****70.00

DOCUMENT # N96000005715 1. Entity Name WORK AMERICA, INCORPORATED			
Principal Place of Business 3050 BISCAYNE BLVD SUITE 501 MIAMI, FL 33137 US		Mailing Address 3050 BISCAYNE BLVD SUITE 501 MIAMI, FL 33137 US	
2. Principal Place of Business - No P.O. Box # 3050 Biscayne Blvd Suite, Apt. #, etc. Suite 502 City & State MIAMI, FL Zip 33137 Country USA		3. Mailing Address 3050 Biscayne Blvd Suite, Apt. #, etc. Suite 502 City & State MIAMI, FL Zip 33137 Country USA	
4. FEI Number 65-0730047		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		05012007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent COLEMAN, HERBERT J 3050 BISCAYNE BLVD SUITE 501 MIAMI, FL 33137		7. Name and Address of New Registered Agent Name Herbert J. Coleman Street Address (P.O. Box Number is Not Acceptable) 3050 Biscayne Blvd. Suite 502 City Miami FL Zip Code 33137	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 1/5/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STRAHAM, DENISE 12333 SOUTHRIDGE DR LITTLE ROCK, AR 72212 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD KIRK, WESLEY PO BOX 894 ARDMORE, OK 73402 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLEMAN, HERBERT J 700 NE 26TH TERRACE #1203 MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Coleman, Herbert J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6365 Collins Ave. # 2006 Miami Beach, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACKSON, SYLVESTER 4851 NW 21ST STREET LAUDERHILL, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD Jackson, Sylvester <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4851 NW 21st St Lauderhill, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORWOOD, EDWIN 714 BROOKRIDGE DR. TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, BRIDGETTE 2106 SCOTT STREET LITTLE ROCK, AR 72208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 1/5/07 Daytime Phone # 305-576-3333	