2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2007
Secretary of State

DOCUMENT# N99000001136

Entity Name: WORKFORCE DEVELOPMENT PARTNERSHIP, INC.

Current Principal Place of Business:

P.O. BOX 547206
SURFSIDE, FL 33154 US

New Principal Place of Business:

9801COLLINS AVENUE
14 P
BAL HARBOUR, FL 33154 US

Current Mailing Address:

P.O. BOX 547206
SURFSIDE, FL 33154 US

New Mailing Address:

9801 COLLINS AVENUE
14 P
BAL HARBOUR, FL 33154 US

FEI Number: 65-0898706 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

GRIFFIN, DEAN
9801 COLLINS AVENUE
STE. 14 P
BAL HARBOUR, FL 33154 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: PCEO ( ) Delete
Name: GRIFFIN, DEAN H
Address: 9801 COLLINS AVENUE, SUITE 14 P
City-St-Zip: BAL HARBOUR, FL 33154 US

Title: SD ( ) Delete
Name: DALUZ, M T
Address: 9801 COLLINS AVENUE, SUITE 14 P
City-St-Zip: BAL HARBOUR, FL 33154 US

Title: D ( ) Delete
Name: CASTILLO, KELLY
Address: 413 WILLOW LANE
City-St-Zip: SPRINGFIELD, VA 22151

Title: D ( ) Delete
Name: TAYLOR, MICHAEL
Address: 1480 NE 10 STREET
City-St-Zip: HOMESTEAD, FL 33030 US

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:

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: DEAN GRIFFIN PCEO 08/22/2007

Electronic Signature of Signing Officer or Director — Date