

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000026385

FILED
Apr 10, 2007
Secretary of State

Entity Name: MYMEDIWORKS.COM CORPORATION

Current Principal Place of Business:

255 S ORANGE AVE
6TH FLOOR
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

PO BOX 1511
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 59-3633917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINO, LAURENCE J ESQ.
255 SOUTH ORANGE AVENUE
SIXTH FLOOR
ORLANDO, FL 32801 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORSE, MICHELLE
Address: 255 S ORANGE AVE, STE. 600
City-St-Zip: ORLANDO, FL 32801

Title: T () Delete
Name: NICKERSON, CRAIG
Address: 255 S ORANGE AVE, STE. 600
City-St-Zip: ORLANDO, FL 32801

Title: S () Delete
Name: WILSON, PATRICIA T
Address: 255 S. ORANGE AVE, STE. 600
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: HORVATH-PINO, JANET
Address: 255 S. ORANGE AVE., STE. 600
City-St-Zip: ORLANDO, FL 32801

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE MORSE

P

04/10/2007

Electronic Signature of Signing Officer or Director

Date