2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2007 08:00 All Secretary of State **DOCUMENT # P00000044902** TALENT AT WORK, INC. Principal Place of Business Mailing Address 2946 GULF TO BAY BLVD.,#124 2946 GULF TO BAY BLVD.,#124 CLEARWATER, FL 33759 CLEARWATER, FL 33759 CR2E034 (11/05) 04252007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 18-1197639 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BERNING, D.L. DO NOT WRITE 2946 GULF TO BAY BLVD.,#124 CLEARWATER, FL 33759 IN THIS SPACE 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 Signature, typed or printed name of registered agent and 85e if applicable (NOTE: Registered Agent eignature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DP TIRE BERNING, DL NAME STREET ADDRESS 2946 GULF TO BAY BLVD.,#124 CITY-ST-ZIP CLEARWATER, FL 33759 TITLE U00000741235 05/15/07-80020-015 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-S1-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 607, 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: A

ПΠЕ NAME STREET ADDRESS CITY-SY-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED