2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# P00000051821

Entity Name: THE WORKALITION, INC.

Current Principal Place of Business:

3405 N. ORANGE BLOSSOM TR
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

831 MYSTIS OAK PL.
APOPKA, FL 32712

New Mailing Address:

FEI Number: 59-3659568 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CICCARELLO, SAL
831 MYSTIC OAK PL
APOPKA, FL 32712 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: D ( ) Delete
Name: CICCARELLO, BRENDA L
Address: 831 MYSTIC OAK PLACE
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: CICCARELLO, SALVATORE
Address: 831 MYSTIC OAK PLACE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: SALVATORE CICCARELLO D 04/22/2005

Electronic Signature of Signing Officer or Director Date