

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000051821

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** THE WORKALITION, INC.

**Current Principal Place of Business:**

3405 N. ORANGE BLOSSOM TR #8  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 916302  
LONGWOOD, FL 32791

**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:**

CICCARELLO, SAL  
4520 PARKWAY COMMERCE BLVD  
ORLANDO, FL 32804 US

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: SALVATORE CICCARELLO

05/01/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CICCARELLO, SALVATORE  
Address: 4520 PARKWAY COMMERCE BLVD  
City-St-Zip: ORLANDO, FL 32804

I hereby 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 all other like empowered.

SIGNATURE: SALVATORE CICCARELLO

D

05/01/2012

Electronic Signature of Signing Officer or Director

Date