

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000087720

FILED
Feb 16, 2007
Secretary of State

Entity Name: INFOWORKS RESEARCH, DESIGN & DEVELOPMENT, INC.

Current Principal Place of Business:

1923 CHULI NENE
TALLAHASSEE, FL 32301

New Principal Place of Business:

9601-50 MICCOSUKEE
TALLAHASSEE, FL 32309

Current Mailing Address:

1923 CHULI NENE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3670600 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLSON, ROBIN G
1923 CHULI NENE
TALLAHASSEE, FL 32301 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: S () Delete
Name: MCCLUSKEY, THOMAS J
Address: 3901 IMAGINARY RD.
City-St-Zip: TALLAHASSEE, FL 32309

Title: V/S () Delete
Name: CONNERS, ROBERT A
Address: 1923 CHULI NENE
City-St-Zip: TALLAHASSEE, FL 32301

Title: P () Delete
Name: COLSON, ROBIN G
Address: 1923 CHULI NENE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: COLSON, ROBIN G
Address: 3901-50 MICCOSUKEE ROAD.
City-St-Zip: TALLAHASSEE, FL 32309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MCCLUSKEY, THOMAS J
Address: 3901 IMAGINARY ROAD
City-St-Zip: TALLAHASSEE, FL 32309

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: ROBERT A, CONNERS

V/S

02/16/2007

Electronic Signature of Signing Officer or Director

Date