2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P01000010898

Entity Name: JUST WORKS, INC.

Current Principal Place of Business:

5207 WILCOX RD
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

5207 WILCOX RD
TAMPA, FL 33624

New Mailing Address:

FEI Number: 59-3697608 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: PSTD ( ) Delete
Name: WALTON, WAYNE K
Address: 5207 WILCOX RD
City-St-Zip: TAMPA, FL 33624

Title: VPST ( ) Delete
Name: COSIO, EDWIN
Address: 733 SE FORT KING STREET APT 8
City-St-Zip: OCALA, FL 34471 US

Title: S ( ) Delete
Name: DEPAUL, DAN
Address: 5207 WILCOX RD
City-St-Zip: TAMPA, FL 33624

Title: T ( ) Delete
Name: RIGAMAT, DOUG
Address: 5207 WILCOX RD
City-St-Zip: TAMPA, FL 33624

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 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: WAYNE WALTON PSTD 04/30/2005

Electronic Signature of Signing Officer or Director Date