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FILED Jun 12, 2003 8:00 am Secretary of State 05-02-2003 90140 026 ***150.00

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FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PO1000046144 (1 1. Entity Name Workforce Development Solutions Inc.			
DO NOT WRITE IN THIS SPACE		5504787	À
2. Principal Place of Business 7715 DASS RIDGE IN. 7725 BASS RIDGE IN. Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Tallahassel, FL Tallahass Zip Country 323/2 Leon 323/2	colniny Leon	4. FEI Number Applied For Not Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE The special process of Current Registered Agent Name Richard A Frazion Street Address (P.O. Box Number is Not Acceptable) The space of Current Registered Agent Name Richard A Frazion Street Address (P.O. Box Number is Not Acceptable) The space of Current Registered Agent Name Richard A Frazion Street Address of Current Registered Agent Name Richard A Frazion Street Address of Current Registered Agent Name Richard A Frazion Street Address of Current Registered Agent Name Richard A Frazion Street Address of Current Registered Agent Name Richard A Frazion Street Address (P.O. Box Number is Not Acceptable) The space of Current Registered Agent Name Richard A Frazion Street Address (P.O. Box Number is Not Acceptable)			<u></u>
8. The above named entity submits this statement for the purpose of changing its rithe obligations of registered agent. SIGNATURE Signated vood or proto name of registered agent and this it approache. IN OTE:	egistered office or register	6/8/03	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550,00 Amended UBR is \$61.25 a,Make Check Payable to Ftorida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
TITLE PRESIDENT FRAZIER STREET ADDRESS CITY-S1-2P Tallahassel, FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP		CR2E0348 (12/02)
SECRETATION SECRETATION STREET ADDRESS CITY-51-7P CABUSTON CUITY ST. 7P CABUSTON CUITY S	TITLE NAME STREET ADDRESS CITY-S1-ZP		CKZE
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE	TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE	DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP THLE	NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP TILLE	NAME STREET ADDRESS CITY-ST-ZIP		•
NAME STREET ADDRESS CITY-SI-ZIP	NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filling does not quality 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 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 on an attachment with an address, with ell other like empowered. SIGNATURE: SI			