2008 FOR PROFIT CORPORATION

FILED Apr 24, 2008 08:00 AN ate

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1. Entity Nam	MENT # P010000886 ORKS, INC.	638			2	Secre	tary of Sta	
Principal Plac	e of Business	Mailing Address						
3151 SW 14	TH PLACE	3151 SW 14TH PLACE						
SUITE 2	EACH, FL 33426	SUITE 2 Boynton Beach, Fl. 33426						
DOTATION DI	LAGII, 12 33420	BOTHTON OLAGI, I'L 334E0			POLOT IZAN APRI ABIA BARA		2)(62 (0) (0) (63) (0)	
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			^-	04222008	No Chg-P	CR2E034	I (11/05)	
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٠,		A .		65-113	6212		Not Applicable	
ļ	The state of the s			5. Certificate	of Status Desired		8.75 Additional e Required	
	6. Name and Address of Current R	egistered Agent	T			9 A	5 (10 da 10 da 2 da	
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GRAFF, B			To be a second	DO	NOT WI	RITE		
SUITE 2	14TH PLACE			7 P. P. Z		634, 16 ° 17		
	N BEACH, FL 33426			ON I	THIS SP	ACE		
			,		F. 9 F.			
8. 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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE.	· · · · · · · · · · · · · · · · · · ·					2475	·	
Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. '				.00 May Be ed to Fees				
10.	OFFICERS AND D	IRECTORS					13.7	
TITLE	VPD			e de la companya de l				
NAME CIDECT ADDRESS	GRAFF, BRENT E				U00000	918784	007/150:00	
STREET ADDRESS CITY-ST-ZIP	3151 SW 14TH PLACE, SUITE 2 BOYNTON BEACH, FL 33426		The state of the state of		ູ່ ປ່ວ/13/ປຽ _ວ	80095-1	UU_6415U;UU;_/	
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NAME	GRAFF, DEBRA A		, , ,	And the second			The state of the s	
STREET ADORESS	3151 SW 14TH PLACE, SUITE 2		• .		±**	7		
CITY-SI-ZIP							, ,	
T.T. 5	BOYNTON BEACH, FL 33426		_			, r		
TITLE NAME	BOTHTON BEACH, FL 33420		-		The second residual second res	A. C.		
TITLE NAME STREET ADDRESS	BOTHTON BEACH, FE 33420				NOTW			
NAME	BOTHTON BEACH, FE 33420			Strict Strategy Strick, Black A.	NOT W	性化性原则上程定 。		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE'S

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PRICER OR DIRECTOR

Date

4-22-08 (54) 752-8331

Daylime Phone #