

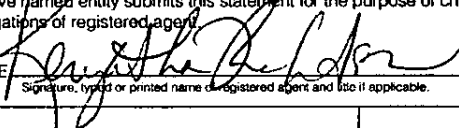
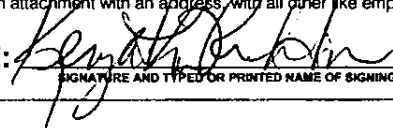


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000061604 1. Entity Name WORK SMART WITH ERGONOMICS, INC.						FILED 06 SEP 26 PM 3:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 18125 NW 18 AVE MIAMI, FL 33056				Mailing Address 18125 NW 18 AVE MIAMI, FL 33056			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BYRD, KENYATHA 835 N.W. 155TH LANE, #306 MIAMI, FL 33169				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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:  DATE: 9/23/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BYRD- RICHARDSON, KENYATHA <input type="checkbox"/> Delete 18125 NW 18TH AVE MIAMI, FL 33056			TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND VO JOHNNIE L. BRYANT, JR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2324 N.W. 85th Street MIAMI, Florida 33147		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHARDSON, JAMES JR. <input type="checkbox"/> Delete 18125 NW 18 TH AVE MIAMI, FL 33056			TITLE NAME STREET ADDRESS CITY-ST-ZIP	900080188809 09/26/06--01066--013 **26.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	09/20/06 01060 007 \$35.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$39/27		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 				9/23/06 305-305-4977 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #</small>			