

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90776 031 \*\*\*158.75

<b>DOCUMENT # P02000071343</b> 1. Entity Name <b>NAAS WORK, INC.</b>			
Principal Place of Business <b>1275 BENNETT DRIVE STE 122 LONGWOOD, FL 32750</b>		Mailing Address <b>1275 BENNETT DRIVE STE 122 LONGWOOD, FL 32750</b>	
2. Principal Place of Business <b>415 West Citrus Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>415 West Citrus Street</b> Suite, Apt. #, etc.	
City & State <b>Altamonte Springs FL</b>		City & State <b>Altamonte Springs FL</b>	
Zip <b>32714</b>	Country <b>Seminole</b>	Zip <b>32714</b>	Country <b>Seminole</b>
4. FEI Number <b>35-6503827</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NAAS, PATRICK 415 W CITRUS STREET ALTAMONTE SPRINGS, FL 32714</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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: <b>PATRICK G. NAAS</b> <span style="float: right;"><b>4-30-04</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P <b>NAAS, PATRICK 1275 BENNETT DRIVE STE 122 LONGWOOD, FL 32750</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>415 West Citrus Street Altamonte Springs, FL 32714 S-T</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>NAAS, DIANE 1275 BENNETT DRIVE STE 122 LONGWOOD, FL 32750</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>415 West Citrus Street Altamonte Springs, FL 32714</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Kevin Naas 700 Oakland Road Altamonte Springs FL 32701</b>
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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>PATRICK G. NAAS</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-30-04</b> <small>Daytime Phone #</small>	