


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90397 004 ***150.00

DOCUMENT # P03000082479	
1. Entity Name PATHWORKS WORKSHOP, P.A.	

Principal Place of Business 1502 W. BUSCH BLVD., SUITE A-E TAMPA, FL 33612	Mailing Address 1502 W. BUSCH BLVD., SUITE A-E TAMPA, FL 33612
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2. Principal Place of Business - No P.O. Box # 6311a Sheldon Rd. Suite, Apt. #, etc.	3. Mailing Address 6311-a Sheldon Rd Suite, Apt. #, etc.
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City & State Tampa FL	City & State Tampa, FL
Zip 33615	Zip 33615
Country USA	Country USA



04262007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent WHITEFORD, LINDA M 6327 JACQUELINE ARBOR DRIVE TAMPA, FL 33617	
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4. FEI Number 20-0120459	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 *[Signature]* 104 DATE 4/27/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UZZELL, JOHN DOUGLAS 6327 JACQUELINE ARBOR DRIVE TAMPA, FL 33617 <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
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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: *[Signature]* 4/27/07 813 784 8837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

[Handwritten signature]