


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000090211 1. Entity Name WORK RECOVERY SYSTEMS, INC.	
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Principal Place of Business 1346 EDEN ISLE BLVD NORTHEAST ST PETERSBURG, FL 33704	Mailing Address 1346 EDEN ISLE BLVD NORTHEAST ST PETERSBURG, FL 33704
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DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number 54-2123674	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FOSTER, DAVID W 555 FOUTH STREET NORTH ST PETERSBURG, FL 33701

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCPT DANIEL, JAMES J 1346 EDEN ISLE BLVD NORTHEAST ST PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST GILLOOLY, BRIAN 1346 EDEN ISLE BLVD NORTHEAST ST PETERSBURG, FL 33704
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.02, 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 effect as if I were 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, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/19/05 <small>Date</small>	727-823-8313 <small>Daytime Phone #</small>
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