07-05-2005 90115 003 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000002762

1. Entity Name
CORPORATE WORKS, INC.

Principal Place of Business	Mailing Address
6105 ORANGE HILL CT. ORLANDO, FL 32819 US	6105 ORANGE HILL CT. ORLANDO, FL 32819 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

06302005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0575761 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMMAR, PETER C
6105 ORANGE HILL CT.
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name: LESLEY A. HAMMAR
Street Address (P.O. Box Number is Not Acceptable): 6105 ORANGE HILL CT.
City: ORLANDO FL Zip Code: 32819

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: Lesley A. Hammar LESLEY A. HAMMAR PRESIDENT 6/30/2005
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 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMMAR, LESLEY A 6105 ORANGE HILL CT. ORLANDO, FL 32819 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Peter C. Hammar 6105 Orange Hill Ct. Orlando, FL 32819 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Lesley A. Hammar Lesley A. Hammar PRESIDENT 6/30/05 407.909.1659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #