2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000117752

FILED Jun 23, 2005 Secretary of State

Entity Name: WORKFORCE DEVELOPMENT FUNDING GROUP, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	BAY OFFICE P	LAZA				
SUITE 300 BOCA RA) TON, FL 3349	8				
Current N	lailing Addres	s:	New Mailir	ng Address:		
SUITE 300	BAY OFFICE P) TON, FL 3349					
FEI Number	: 20-1493048	FEI Number Applied For ()	FEI Number Not Appli	cable () Co	ertificate of Status Des	ired()
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
LENTS, C	HEDVI					
8601 SÚR	REY LANE TON, FL 3349	6 US				
8601 SÚR BOCA RA The above	REY LANE TON, FL 3349	6 US submits this statement for the p	ourpose of changing it	s registered offic	e or registered ager	nt, or both,
8601 SÛR BOCA RA The above in the State	REY LANE TON, FL 3349 named entity se of Florida.		ourpose of changing it	s registered offic	e or registered ager	nt, or both,
8601 SÚR BOCA RA The above	REY LANE TON, FL 3349 named entity se of Florida. RE:			s registered offic	e or registered ager Date	nt, or both,
8601 SÜR BOCA RA The above in the State SIGNATUI	REY LANE TON, FL 3349 named entity se of Florida. RE:	submits this statement for the particles in the particle in the particles in the particle in the particles i	ent			
8601 SÜR BOCA RA The above in the State SIGNATUI	REY LANE TON, FL 3349 named entity se of Florida. RE: Electron S AND DIREC	submits this statement for the particle Signature of Registered Agr TORS: Delete 'L LANE	ent	S/CHANGES TO	Date	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL LENTS CD 06/23/2005