

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000117752

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: WORKFORCE DEVELOPMENT FUNDING GROUP, INC.

## Current Principal Place of Business:

MISSION BAY OFFICE PLAZA  
SUITE 300  
BOCA RATON, FL 33498

## New Principal Place of Business:

## Current Mailing Address:

MISSION BAY OFFICE PLAZA  
SUITE 300  
BOCA RATON, FL 33498

## New Mailing Address:

FEI Number: 20-1493048

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LENTS, CHERYL  
8601 SURREY LANE  
BOCA RATON, FL 33496 US

## Name and Address of New Registered Agent:

LENTS, JOSEPH  
20283 STATE ROAD 7  
300  
BOCA RATON, FL 33498 US

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.

SIGNATURE: JOSEPH LENTS

04/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: LENTS, CHERYL  
Address: 8601 SURREY LANE  
City-St-Zip: BOCA RATON, FL 33496

Title: PD ( ) Delete  
Name: LENTS, JOSEPH  
Address: 8601 SURREY LANE  
City-St-Zip: BOCA RATON, FL 33496

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change ( ) Addition  
Name: LENTS, JOSEPH  
Address: 20283 STATE ROAD 7  
City-St-Zip: BOCA RATON, FL 33498

Title: D (X) Change ( ) Addition  
Name: KELMAN, GARY  
Address: 20283 STATE ROAD 7  
City-St-Zip: BOCA RATON, FL 33498

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOSEPH LENTS

P

04/23/2007

Electronic Signature of Signing Officer or Director

Date