2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State
04-19-2006 90079 005 ***150.00

DOCUMENT # P05000113035

1. Entity Name
TS WORKS, INC.

Principal Place of Business	Mailing Address
412 CYPRESS LN PALM SPRINGS, FL 33461	412 CYPRESS LN PALM SPRINGS, FL 33461

01072006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
5127 Cannon way		5127 Cannon way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: WPB Fl		City & State: WPB Fl	
Zip: 33415	Country: USA	Zip: 33415	Country: USA

4. FEI Number 87-0753453 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCROADER, THOMAS H JR 412 CYPRESS LN PALM SPRINGS, FL 33461	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 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
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCROADER, THOMAS H JR 412 CYPRESS LN PALM SPRINGS, FL 33461 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] Thomas H. Schroader 4/11/06 561-201-0526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #