

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000161744

Entity Name: WORKHORSE, INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

5205 HAMMOCK CIRCLE
SAINT CLOUD, FL 34771 US

New Principal Place of Business:

Current Mailing Address:

5205 HAMMOCK CIRCLE
SAINT CLOUD, FL 34771 US

New Mailing Address:

FEI Number: 20-3924081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACTIVE FILINGS LLC
10651 NE 11 COURT
MIAMI SHORES, FL 33138 US

Name and Address of New Registered Agent:

SCHWENK, SANDRA
5205 HAMMOCK CIRCLE
SAINT CLOUD, FL 34771 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: SANDRA SCHWENK

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHWENK, RICHARD
Address: 5205 HAMMOCK CIRCLE
City-St-Zip: SAINT CLOUD, FL 34771 US

Title: D () Delete
Name: SCHWENK, SANDRA
Address: 5205 HAMMOCK CIRCLE
City-St-Zip: SAINT CLOUD, FL 34771 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SANDRA SCHWENK

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date