## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000042156

Entity Name: COURAGEWORKS, INC

City-St-Zip:

TALLAHASSEE, FL 32309 US

FILED Apr 19, 2007 Secretary of State

Entity Nar	Me: COURAGE	WORKS, INC.					
Current Principal Place of Business:			New Prin	New Principal Place of Business:			
3111-20 MAHAN DRIVE SUITE 9 TALLAHASSEE, FL 32308 US				OLD WAY SSEE, FL 32309	US		
Current Mailing Address:				New Mailing Address:			
3111-20 MAHAN DRIVE SUITE 9 TALLAHASSEE, FL 32308 US			SUITE 15	3111-20 MAHAN DRIVE SUITE 156 TALLAHASSEE, FL 32308 US			
FEI Number:	20-4549880	FEI Number Applied For ( )	FEI Number Not App	olicable ( ) Ce	ertificate of Status Desi	red ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	N, CLARE LEARN CENTE SSEE, FL 32308		2940 KER	DUCHEMIN, CLARE 2940 KERRY FOREST PARKWAY TALLAHASSEE, FL 32309 US			
The above in the State	named entity su e of Florida.	bmits this statement for the p	ourpose of changing	its registered offic	e or registered agent	t, or both,	
SIGNATURE:				04/19/2007			
	Electronic	Signature of Registered Age	ent		Date		
Election Can	npaign Financing 1	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () C ELLINOR, ANDRE 9001 ANY OLD W TALLAHASSEE, F	/AY	Title: Name: Address: City-St-Zip:	( ) Ch	ange ()Addition		
Title: Name: Address: City-St-Zip:	VP () C CROSS, CHRIS F 12322 DRAGONF TALLAHASSEE, F	LY COURT	Title: Name: Address: City-St-Zip:	( ) Ch	ange ( ) Addition		
Title: Name: Address:	SEC () D SMITH, R. LEE 9001 ANY OLD W	elete /AY	Title: Name: Address:	( ) Ch	ange ()Addition		

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.

City-St-Zip:

SIGNATURE: CHRIS CROSS VP 04/19/2007