

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000042156

Entity Name: COURAGEWORKS, INC.

FILED  
Apr 28, 2008  
Secretary of State

## Current Principal Place of Business:

9001 ANY OLD WAY  
TALLAHASSEE, FL 32309 US

## New Principal Place of Business:

## Current Mailing Address:

3111-20 MAHAN DRIVE  
SUITE 156  
TALLAHASSEE, FL 32308 US

## New Mailing Address:

FEI Number: 20-4549880      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUCHEMIN, CLARE  
2940 KERRY FOREST PARKWAY  
TALLAHASSEE, FL 32309 US

## Name and Address of New Registered Agent:

DUCHEMIN, CLARE  
2520 BARRINGTON CIRCLE  
TALLAHASSEE, FL 32308 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:

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ELLINOR, ANDREA S  
Address: 9001 ANY OLD WAY  
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: VP ( ) Delete  
Name: CROSS, CHRIS R  
Address: 12322 DRAGONFLY COURT  
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: SEC ( ) Delete  
Name: SMITH, R. LEE  
Address: 9001 ANY OLD WAY  
City-St-Zip: TALLAHASSEE, FL 32309 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ANDREA S. ELLINOR

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date