2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000123834

1. Entity Name
WORKING FAMILIES COUNT, INC.

09/04/07 FILED 80041 049 P 150.00

07 SEP 24 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7910 NW 25TH STREET SUITE 201 DORAL, FL 33122	7910 NW 25TH STREET SUITE 201 DORAL, FL 33122

2. Principal Place of Business - No P.O. Box #
3. Mailing Address
Suite, Apt #, etc. | Suite, Apt #, etc.
City & State | City & State
Zip | Country | Zip | Country

07132007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5910887 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

FROST, FRED
7910 NW 25TH STREET SUITE 201
DORAL, FL 33122

7. Name and Address of New Registered Agent

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 ____________________

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE P NAME Fred FROST STREET ADDRESS 7910 NW 25 Street #201 CITY-ST-ZIP Doral, FL 33122	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: X [signature] 8-28-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE