2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000137190

Entity Name: SOCIAL WORK ADVANTAGE, INC.

FILED Jun 15, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
13250 NW 11 DRIVE SUNRISE, FL 33323			
Current Mailing Address:		New Mailing Address:	
13250 NW 11 DRIVE SUNRISE, FL 33323			
FEI Number: 13-4347795	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
DAMON, ELLIOTT R 13250 NW 11 DRIVE SUNRISE, FL 33323	US		

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

OFFICERS AND DIRECTORS:

in the State of Florida.

SIGNATURE:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: () Delete Title: OWN (X) Change () Addition DAMON, ELLIOTT R DAMON, ELLIOTT R Name: Name: 13250 NW 11 DRIVE Address: 13250 NW 11 DRIVE Address: City-St-Zip: SUNRISE, FL 33323 US City-St-Zip: SUNRISE, FL 33323 US

Electronic Signature of Registered Agent

Title: VΡ () Delete Title: OWN (X) Change () Addition HUFFMAN, CAROL S LCSW Name: Name: HUFFMAN, CAROL S LCSW Address: Address: 9160 NW 13 STREET 9160 NW 13 STREET City-St-Zip: PLANTATION, FL 33323 US PLANTATION, FL 33323 US 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: ELLIOTT R. DAMON OWN 06/15/2009