## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000105963

Entity Name: STEERWORKS INC.

FILED May 04, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8935 WOODLEAF BLVD WESLEY CHAPEL, FL 33544 **Current Mailing Address: New Mailing Address:** 8935 WOODLEAF BLVD WESLEY CHAPEL, FL 33544 FEI Number: 26-1109660 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: AMERICAN SAFETY COUNCIL, INC. 5125 ADANSON ST. SUITE 500 ORLANDO, FL 32804 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PVST** () Delete () Change () Addition THAPPARAMBIL, PRASEED Name: Name: 8935 WOODLEAF BLVD Address: Address: City-St-Zip: WESLEY CHAPEL, FL 33544 City-St-Zip: Title: Title: () Change () Addition () Delete Name: THAPPARAMBIL, PRASEED Name: 8935 WOODLEAF BLVD Address: Address: WESLEY CHAPEL, FL 33544 City-St-Zip: 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: PRASEED THAPPARAMBIL D 05/04/2008