

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000035305

FILED
Jan 05, 2009
Secretary of State

Entity Name: WORKAWAY STAFFING, INC.

Current Principal Place of Business:

3300 PGA BLVD SUITE 970
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

7108 FAIRWAY DRIVE
SUITE 330
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

3300 PGA BLVD SUITE 970
PALM BEACH GARDENS, FL 33410

New Mailing Address:

7108 FAIRWAY DRIVE
SUITE 330
PALM BEACH GARDENS, FL 33418

FEI Number: 26-2352772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYVILLE, WILLIAM E
3300 PGA BLVD SUITE 970
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

MAYVILLE, WILLIAM E
7108 FAIRWAY DRIVE
SUITE 330
PALM BEACH GARDENS, FL 33418 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: _____

01/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. () Change (X) Addition
Name: MAYVILLE, WILLIAM E PRES.
Address: 7108 FAIRWAY DRIVE, SUITE 330
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: WILLIAM E. MAYVILLE

MR.

01/05/2009

Electronic Signature of Signing Officer or Director

Date