2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000015650

1. Entity Name
CORPORATE WORKFLOW SOLUTIONS, INC.

Principal Place of Business	Mailing Address
354 CYPRESS DR 9 TEQUESTA, FL 33469 US	354 CYPRESS DR 9 TEQUESTA, FL 33469 US

04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0565562
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATTERSON, J.E.
18815 SOUTH GOLDEN HAWK TRAIL
JUPITER, FL 33458

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

000000325967
04/23/05-80038-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PATTERSON, J.E.
STREET ADDRESS	18815 SOUTH GOLDEN HAWK TRAIL
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	D
NAME	LAGUE, KIMBERLY W
STREET ADDRESS	219 GOLF CLUB CIRCLE
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	D
NAME	MASON, RAYMOND J
STREET ADDRESS	26 PEAK RD
CITY-ST-ZIP	STAMFORD, CT 06905
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kimberly W Lague CFO 4.20.05 561.747.0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # ext. 10