

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000003979

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: WORKFORCE ALTERNATIVE, INC.

**Current Principal Place of Business:**

2054 VISTA PARKWAY STE 300  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

2054 VISTA PARKWAY STE 300  
WEST PALM BEACH, FL 33411

**New Mailing Address:**

FEI Number: 65-0727082      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OASIS OUTSOURCING  
ATTN: TERRY MAYOTTE  
2054 VISTA PARKWAY STE 300  
WEST PALM BEACH, FL 33411 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DCFO ( ) Delete  
Name: MAYOTTE, TERRANCE A  
Address: 2054 VISTA PARKWAY STE 300  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: S ( ) Delete  
Name: MELVIN, STEPHAN M  
Address: 2054 VISTA PARKWAY STE 300  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: P ( ) Delete  
Name: PERLBERG, MARK  
Address: 2054 VISTA PARKWAY STE 300  
City-St-Zip: WEST PALM BEACH, FL 33411

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: TERRANCE MAYOTTE

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

CFOD

01/08/2009

\_\_\_\_\_ Date