


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90036 027 \*\*\*150.00

DOCUMENT # P97000031631		
1. Entity Name WORK NET NETWORK, INC.		

Principal Place of Business 1720 HARRISON STREET SUITE 1820 HOLLYWOOD FL 33020	Mailing Address 1720 HARRISON STREET SUITE 1820 HOLLYWOOD FL 33020
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2. Principal Place of Business 917 N. NORTHLAKE DR.	3. Mailing Address 917 N. NORTHLAKE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State Hollywood, FL	City & State Hollywood, FL	4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
Zip 33019	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DILINGS, INC. 3732 N.W. 16TH ST FT LAUDERDALE FL 33311	7. Name and Address of New Registered Agent Name BRENT SPECHLER Street Address (P.O. Box Number is Not Acceptable) 917 N. NORTHLAKE DRIVE City Hollywood FL Zip Code 33019
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPECHLER, BRENT A 1720 HARRISON STREET, SUITE 1820 HOLLYWOOD FL 33020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPECHLER, BRENT A 917 N. NORTHLAKE DRIVE Hollywood, FL. 33019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Brent A. Spechler 2/3/06 954 9222402