

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000060721

FILED
Apr 30, 2007
Secretary of State

Entity Name: THE WORKFORCE MANAGEMENT GROUP, INC.

Current Principal Place of Business:

4215-B GATOR TRACE AVE
FORT PIERCE, FL 34982

New Principal Place of Business:

1805 SPOTTED OWL DR SW
VERO BEACH, FL 32962

Current Mailing Address:

3245 W. MAIN STREET
STE 235-197
FRISCO, TX 75034

New Mailing Address:

FEI Number: 65-0784841 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONOS, DARYL
4215-B GATOR TRACE AVE
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

GONOS, DARYL
1805 SPOTTED OWL DR SW
FORT PIERCE, FL 32962 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: _____

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: COTHARIN, TODD A
Address: 11708 BLACKHAWK DR
City-St-Zip: FRISCO, TX 75034

Title: P () Delete
Name: GONOS, DARYL A
Address: 4895 NORTH POINT WAY
City-St-Zip: CUMMING, GA 30041

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: GONOS, DARYL A
Address: 1805 SPOTTED OWL DR SW
City-St-Zip: VERO BEACH, FL 32962

Title: SEC () Change (X) Addition
Name: SCHMIDT, PETER A
Address: 1026 DICKENS LANE
City-St-Zip: ALLEN, TX 75002

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: TODD COTHARIN

VP

04/30/2007

Electronic Signature of Signing Officer or Director

Date