

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000062232

Entity Name: WORKABLE SOLUTIONS, INC.

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

4409 PARKBREEZE CT.
ORLANDO, FL 328081021 US

New Principal Place of Business:

7120 LAKE ELLENOR DRIVE
ORLANDO, FL 328095721 US

Current Mailing Address:

4409 PARKBREEZE CT.
ORLANDO, FL 328081021 US

New Mailing Address:

7120 LAKE ELLENOR DRIVE
ORLANDO, FL 328095721 US

FEI Number: 59-3458152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCORVIE, TERRY W
4409 PARKBREEZE CT.
ORLANDO, FL 328081021 US

Name and Address of New Registered Agent:

MCCORVIE, TERRY W
7120 LAKE ELLENOR DRIVE
ORLANDO, FL 328095721 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:

01/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: WEST, ADAM R
Address: 114 GRAND JUNCTION BLVD
City-St-Zip: ORLANDO, FL 32835

Title: PSD () Delete
Name: MCCORVIE, TERRY W
Address: 13560 SUNSET LAKES CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

Title: T () Delete
Name: COLEMAN, MARK A
Address: 5501 MEADOW PINE COURT
City-St-Zip: ORLANDO, FL 328197128 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: WEST, ADAM R
Address: 7120 LAKE ELLENOR DRIVE
City-St-Zip: ORLANDO, FL 328095721

Title: PSD (X) Change () Addition
Name: MCCORVIE, TERRY W
Address: 7120 LAKE ELLENOR DRIVE
City-St-Zip: ORLANDO, FL 328095721

Title: T (X) Change () Addition
Name: COLEMAN, MARK A
Address: 7120 LAKE ELLENOR DRIVE
City-St-Zip: ORLANDO, FL 328095721 US

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: MARK A COLEMAN

T

01/04/2008

Electronic Signature of Signing Officer or Director

Date