

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000031051

Entity Name: WORK FINANCIAL GROUP, INC.

FILED  
Jan 10, 2005  
Secretary of State

## Current Principal Place of Business:

12230 FOREST HILL BLVD  
SUITE 124  
WELLINGTON, FL 33141

## New Principal Place of Business:

12008 SOUTH SHORE BLVD.  
SUITE 211  
WELLINGTON, FL 33141

## Current Mailing Address:

12230 FOREST HILL BLVD  
SUITE 124  
WELLINGTON, FL 33141

## New Mailing Address:

12008 SOUTH SHORE BLVD.  
SUITE 211  
WELLINGTON, FL 33141

FEI Number: 65-0828292

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WORK, IRA M  
12230 FOREST HILL BLVD  
SUITE 124  
WELLINGTON, FL 33141 US

## Name and Address of New Registered Agent:

WORK, IRA M  
12008 SOUTH SHORE BLVD.  
SUITE 211  
WELLINGTON, FL 33141 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:

01/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTS ( ) Delete  
Name: WORK, IRA M  
Address: 12220-6 SAG HARBOR COURT  
City-St-Zip: WELLINGTON, FL 33414

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change ( ) Addition  
Name: WORK, IRA M  
Address: 1611 YACHTMAN PLACE  
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the 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 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: IRA M. WORK

PTS

01/10/2005

Electronic Signature of Signing Officer or Director

Date