2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004
Secretary of State

DOCUMENT# P98000084215

Entity Name: CASEWORKS INTERNATIONAL, INC.

Current Principal Place of Business:

5026 HIATUS RD
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

5026 HIATUS RD
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 65-0866126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EVANS, GEORGE ESQ
2100 PONCE DE LEON, SUITE 1040
CORAL GABLES, FL 33134 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: PS ( ) Delete
Name: ALMAN, NORMAN H
Address: 9620 NW 26 COURT
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T ( ) Delete
Name: PALLANTE, MICHAEL
Address: 857 SW 51 AVENUE
City-St-Zip: MARGATE, FL 33068

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: ALMAN, NORMAN H
Address: 9620 NW 26 COURT
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP ( ) Change (X) Addition
Name: ALMAN, NORMAN H
Address: 9620 NW 26 COURT
City-St-Zip: CORAL SPRINGS, FL 33065

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: NORMAN ALMAN OD 04/15/2004

Electronic Signature of Signing Officer or Director — Date