

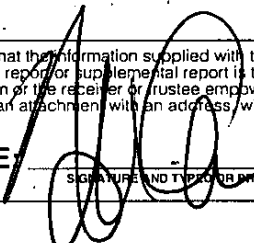


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90020 048 \*\*\*158.75

<b>DOCUMENT # P98000084215</b>					
<b>1. Entity Name</b> CASEWORKS INTERNATIONAL, INC.					
<b>Principal Place of Business</b> 5026 HIATUS RD SUNRISE, FL 33351			<b>Mailing Address</b> 5026 HIATUS RD SUNRISE, FL 33351		
<b>2. Principal Place of Business</b> 6001 HIATUS Rd Suite, Apt. #, etc. Suite # 3 City & State Tamarac, Florida Zip 33321 Country U.S.A.		<b>3. Mailing Address</b> 6001 HIATUS Rd. Suite, Apt. #, etc. Suite # 3 City & State Tamarac, Florida Zip 33321 Country U.S.A.			
03292005      Chg-P      CR2E034 (10/03)				Applied For <input type="checkbox"/> Not Applicable	
<b>4. FEI Number</b> 65-0866126				<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> EVANS, GEORGE ESQ 2100 PONCE DE LEON, SUITE 1040 CORAL GABLES, FL 33134			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL      Zip Code		
<b>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.</b> SIGNATURE <u>George Evans, Esq.</u> DATE <u>3-29-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ALMAN, NORMAN H 9620 NW 26 COURT CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Alman, Norman H. 337 N.W. 111 Ave. Coral Springs, FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
<b>SIGNATURE</b> 		<b>NORMAN H. ALMAN</b>		3/29/05      954 747-3333 <small>Date      Daytime Phone #</small>	