2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2009
Secretary of State

DOCUMENT# P99000111493

Entity Name: FINE WORK, INC.

Current Principal Place of Business:

4415 NW 20TH STREET
COCONUT CREEK, FL 33066

New Principal Place of Business:

10180 NW 30TH COURT
110
SUNRISE, FL 33322

Current Mailing Address:

4415 NW 20TH STREET
COCONUT CREEK, FL 33066

New Mailing Address:

10180 NW 30TH COURT
110
SUNRISE, FL 33322

FEI Number: 65-0985731 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICHOLSON, THOMAS
4415 NW 20TH STREET
COCONUT CREEK, FL 33066 US

Name and Address of New Registered Agent:

NICHOLSON, THOMAS
10180 NW 30TH COURT
110
SUNRISE, FL 33322 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: THOMAS NICHOLSON 06/12/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: NICHOLSON, THOMAS
Address: 4415 NW 20TH STREET
City-St-Zip: COCONUT CREEK, FL 33066

Title: VTD (X) Delete
Name: NICHOLSON, CAROLINE E
Address: 4415 NW 20TH STREET
City-St-Zip: COCONUT CREEK, FL 33066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: NICHOLSON, THOMAS
Address: 10180 NW 30TH COURT
City-St-Zip: SUNRISE, FL 33322

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

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: THOMAS NICHOLSON P,D 06/12/2009
Electronic Signature of Signing Officer or Director Date