

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000059971

Entity Name: MICHAEL L WORK, INC.

**FILED**  
**Apr 18, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

927 LINCOLN ROAD  
212  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**New Mailing Address:**

927 LINCOLN ROAD  
212  
MIAMI BEACH, FL 33139 US

**Current Mailing Address:**

20 ISLAND AVENUE  
810  
MIAMI BEACH, FL 33139 US

FEI Number: 20-2728762      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WORK, MICHAEL L  
20 ISLAND AVENUE  
810  
MIAMI BEACH, FL 33139 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: P ( ) Delete  
Name: WORK, MICHAEL L  
Address: 20 ISLAND AVENUE, #810  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: S ( ) Delete  
Name: WORK, DON A  
Address: 1325 EAST JACKSON STREET  
City-St-Zip: PENSACOLA, FL 32501 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

P

04/18/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date