2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002737

FILED Jun 17, 2008 Secretary of State

Entity Name: SOUTHWEST FLORIDA ROMANCE WRITERS, INC.

Current Principal Place of Business: New Principal Place of Business: 12100 LIVE OAK DR. 7207 BROOKHAVEN TERRACE FORT MYERS, FL 33908 US ENGLEWOOD, FL 34224 **Current Mailing Address: New Mailing Address:** 7207 BROOKHAVEN TERRACE 12100 LIVE OAK DR FORT MYERS, FL 33908 US ENGLEWOOD, FL 34224 FEI Number: 74-2641648 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEVINE, SUSANN GALAN, CHRISTINE 7207 BROOKHAVEN TERRACE 12100 LÍVE OAK DR. FORT MYERS, FL 33908 US ENGLEWOOD, FL 34224 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: CHRISTINE GALAN 06/17/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PALELLA, JULIE Name: Name: 2942 INLET COVE LN E Address: Address: City-St-Zip: NAPLES, FL 34120 City-St-Zip: Title: VD Title: VD (X) Change () Addition () Delete Name: YANISH, SHARON Name: JOY, MICHAEL Address: P O BOX 697 Address: 1751-18 RED CEDAR DR City-St-Zip: GOODLAND, FL 34140 City-St-Zip: FORT MYERS, FL 33907 Title: () Delete Title: (X) Change () Addition DEVINE, SUSANN GALAN, CHRISTINE Name: Name: 12100 LIVE OAK DR 7207 BROOKHAVEN TERRACE Address: Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: ENGLEWOOD, FL 34224 Title: SD () Delete Title: SD (X) Change () Addition Name: GALAN, CHRIS Name: CLEVELAND, MARISA 7207 BROOKHAVEN TERR 2764 ORANGE GROVE TRAIL Address: Address: City-St-Zip: ENGLEWOOD, FL 34224 City-St-Zip: NAPLES, FL 34120

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE GALAN TD 06/17/2008