

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-05-2006 90137 045 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

4/5/2

DOCUMENT # P05000006232			
1. Entity Name WOMEN'S NEWS, INC.			
Principal Place of Business 1331 AMBERLEA DRIVE EAST DUNEDIN, FL 34698		Mailing Address 1331 AMBERLEA DRIVE EAST DUNEDIN, FL 34698	
2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MARDER, PETER W 1331 AMBERLEA DRIVE EAST DUNEDIN, FL 34698		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
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.			
SIGNATURE _____		DATE _____	
Signature must be printed below registered agent and file if applicable		NOTE: Registered Agent signature required when registering!	
FILE NOW! FEE IS \$100.00 After May 1, 2006 Fee will be \$150.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARDER, PETER W	NAME	
STREET ADDRESS	1331 AMBERLEA DRIVE EAST	STREET ADDRESS	
CITY- ST- ZIP	DUNEDIN, FL 34698	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplement thereto 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.			
SIGNATURE		DATE _____	
Signature and Title on Printed Name of Current Officer or Director		Date	

66010748
 1331 AMBERLEA DRIVE EAST
 1500



02202006 Chg-P CRZE034 (11/05)

4. FEI Number ~~5460543300~~ Applied Fee Not Applicable

8. Certificate of Status Desired \$8.75 Additional Fee Required

SIGNATURE