


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # N99000001654 1. Entity Name THE WOMEN'S PEACEPOWER FOUNDATION, INC.	
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Principal Place of Business 35400 BLANTON RD DADE CITY, FL 33523	Mailing Address PO BOX 1618 ZEPHYRHILLS, FL 33539
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01232008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3546535	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCCABE VAUGHAN, DIANE 35400 BLANTON RD DADE CITY, FL 33523	DO NOT WRITE IN THIS SPACE
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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: Diane McCabe Vaughan 4.10.08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000896553
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTMAN, HEATHER 2606 LITTLE RD VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCINTOSH, ROBERTA 1561 PLEASANT GROVE DR. DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPOSITO, LISA 12904 PRESTWICK DR. RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HABER, BETTY LOU 3608 SW 31ST DR APT 17A GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALTIC, VICTORIA 3755 CENTENNIAL AVE HOMASASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diane McCabe Vaughan 4.10.08 352-458-9582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #