

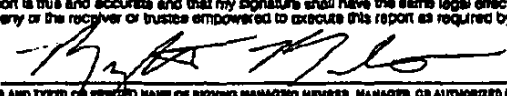


### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/17/2008 90162-024-513875-513875  
DIVISION OF CORPORATIONS

08 JUN -2 PM 1:38

DOCUMENT # L07000031953			
1. Entity Name WOMEN ANNOINTED IN BUSINESS, L.L.C.			
Principal Place of Business 2721 GULF BREEZE PARKWAY GULF BREEZE, FL 32563		Mailing Address 2721 GULF BREEZE PARKWAY GULF BREEZE, FL 32563	
2. Principal Place of Business - No P.O. Box # 5613 Windermere Trace Suits, Apt. #, etc.		3. Mailing Address 5613 Windermere Trace Suits, Apt. #, etc.	
City & State Pace, FL		City & State Pace, FL	
Zip 32571	Country U.S.A.	Zip 32571	Country U.S.A.
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04072006 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent BORDELON & SCHULTZ LAW FIRM, PL 2721 GULF BREEZE PARKWAY GULF BREEZE, FL 32563		7. Name and Address of New Registered Agent Name: Kerry Anne Schultz, Esquire Street Address (P.O. Box Number is Not Acceptable) 2721 Gulf Breeze Pkwy. City: Gulf Breeze FL Zip Code: 325123	
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: 4/9/08	
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$536.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Charlene Hamilton 1185 Naples Dr. Pensacola, FL 32507 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Brigitte Brooks, MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 7008 Pensacola, FL 32534
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mary Bartlett 8740 Willard Norris Rd. Pace, FL 32571 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sabrina Farmer, MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1884 Tara Dawn Lane Pensacola, FL 32534
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Carolyn Benboe, MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1709 Dauphin Street Pensacola, FL 32534
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Jennifer Roberts, MARM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7523 Northpointe Blvd. Pensacola, FL 32514
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mary Allen, MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5006 Perisimmon Hollow Road Milton, FL 32583
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Karen Cobb, MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5613 Windermere Trace Pace, FL 32571
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 508, Florida Statutes.			
SIGNATURE: 		DATE: 4/9/08 (850) 291-5577	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

B. Book JUN 12 2008