

**2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 29, 2005**  
**Secretary of State**

DOCUMENT# N01000008485

**Entity Name:** BAY AREA WOMEN PROFESSIONALS, INC.**Current Principal Place of Business:**P.O.BOX 25132  
TAMPA, FL 336225132**New Principal Place of Business:**PO BOX 25132  
TAMPA, FL 336225132 US**Current Mailing Address:**P.O.BOX 25132  
TAMPA, FL 336225132**New Mailing Address:**PO BOX 25132  
TAMPA, FL 336225132 US**FEI Number:** 59-3758214**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**VIRTUALCHERUB.COM,INC  
487 EDMUND COURT  
DOVER, FL 335274020 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RICHTER, ROBIN  
Address: 4827 EDMUND COURT  
City-St-Zip: DOVER, FL 335274020

Title: VPD ( ) Delete  
Name: HESTERMAN, CINDY  
Address: 506 HUMPHRIES RD  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: S ( ) Delete  
Name: OWEN, SUSAN  
Address: 728 DOWNS AVENUE  
City-St-Zip: TEMPLE TERRACE, FL 336174258

Title: TD (X) Delete  
Name: GLADSTONE, DEBRA  
Address: 11620 TROPICAL ISLE LANE  
City-St-Zip: RIVERVIEW, FL 33569

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

Title: PSD (X) Change ( ) Addition  
Name: RICHTER, ROBIN  
Address: 4827 EDMUND COURT  
City-St-Zip: DOVER, FL 335274020 US

Title: VPD (X) Change ( ) Addition  
Name: HESTERMAN, CINDY  
Address: 506 HUMPHRIES ROAD  
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: TD (X) Change ( ) Addition  
Name: GLADSTONE, DEBRA  
Address: 11620 TROPICAL ISLE LANE  
City-St-Zip: RIVERVIEW, FL 33569 US

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 Section 119.07(3)(i), 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: ROBIN RICHTER

PSD

04/29/2005

Electronic Signature of Signing Officer or Director

Date