2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008
Secretary of State

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Entity Name: (WANDA) WORKING AGAINST NEGATIVE AND DESTRUCTIVE ALTERNATIVES, INC.

Current Principal Place of Business:

2421 NORTHWEST 15TH COURT
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

2421 NORTHWEST 15TH COURT
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 32-0003551 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH, FL 33139 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: SPENCER, SHAWANDA K
Address: 2421 NORTHWEST 15TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VP ( ) Delete
Name: FAULK, LULA M
Address: 3030 NORTHWEST 9TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: S ( ) Delete
Name: SEARS, SHEMEIKA L
Address: 2710 NORTHWEST 25TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: BM ( ) Delete
Name: HUDSON, DONNA
Address: 5200 NW 31ST AVENUE, APT 105
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SHAWANDA K. SPENCER PD 02/04/2008

Electronic Signature of Signing Officer or Director — Date