

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 07, 2010**  
**Secretary of State**

DOCUMENT# N02000000959

**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.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS,, FL 33410 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  
Name: SPENCER, SHAWANDA K  
Address: 2421 NORTHWEST 15TH COURT  
City-St-Zip: FORT LAUDERDALE, FL 33311

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

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

Title: S  
Name: SPENCER, SHAWANDA K  
Address: 2421 NORTHWEST 15TH COURT  
City-St-Zip: FORT LAUDERDALE, FL 33311

I hereby 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 all other like empowered.

SIGNATURE: SHAWANDA K. SPENCER

PD

06/07/2010

Electronic Signature of Signing Officer or Director

Date