2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002050

Apr 28, 2006 Secretary of State

Entity Name: VIRTUOUS WOMAN ENTERPRISES, INC.

Current Principal Place of Business: New Principal Place of Business: 3975 E. MICHIGAN AVENUE FT MYERS, FL 33905 **Current Mailing Address: New Mailing Address:** PO BOX 669 FT. MYERS, FL 33902 FEI Number: 03-0455369 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RANDOLPH, MICHAEL D 1619 JACKSON ST FT MYERS, FL 33901 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BANKS, TRESHA Name: Name: 3975 E. MICHIGAN AVENUE Address: Address: City-St-Zip: FT MYERS, FL 33905 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BANKS, ANTHONY W Name: Address: 3975 E. MICHIGAN AVENUE Address: City-St-Zip: FT MYERS, FL 33905 City-St-Zip: Title: () Delete Title: () Change () Addition BROWN, CAROLYN E Name: Name: 164 PALM TREE LANE Address: Address: City-St-Zip: FT MYERS, FL 33916 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, TANYA Name: Name: Address: 3605 40 STREET SW Address: City-St-Zip: LEHIGH ACRES, FL 33971 City-St-Zip: Title: () Delete Title: (X) Change () Addition KIRK, MICHAEL KIRK, MICHAEL Name: Name: 7925 PRESERVE CIR #323 12427 24TH STREET E. Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: PARRISH, FL 34219 Title: () Delete Title: () Change () Addition GLOVER, WILLIAM Name: Name: Address: 12902 IVORY STONE LOOP Address: FORT MYERS, FL 33913 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TRESHA BANKS D 04/28/2006