2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# N03000001911

Entity Name: WOMEN EMPOWERED CONSUMER ACTION NETWORK, INC.

Current Principal Place of Business:

432 ROSEWOOD LANE
POLK CITY, FL 33868

New Principal Place of Business:

1101 LAGRANDE BLVD
SEBRING, FL 33870

Current Mailing Address:

5451 96TH. TERRACE NORTH
ST. PETERSBURG, FL 33782

New Mailing Address:

FEI Number: 22-3868526 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPE, ANITA L
5451 96TH TERRANCE NORTH
PINELLAS PARK, FL 33782 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: C ( ) Delete
Name: COLLINS, LOUISE
Address: 1941 LAKESHORE RD
City-St-Zip: AVON PARK, FL 33825

Title: MGR ( ) Delete
Name: HASKINS, MELISSA
Address: 110 DOWNING CIRCLE
City-St-Zip: WAUCHULA, FL 33873

Title: T ( ) Delete
Name: CLUTE, DONNA
Address: 1101 LAGRANDE BLVD
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: CAPE, ANITA L
Address: 5451 96TH TERRANCE NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: S (X) Change ( ) Addition
Name: MELISSA, HOSKINS
Address: 110 DOWNING CIRCLE
City-St-Zip: WAUCHULA, FL 33873

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: ANITA L. CAPE C 04/24/2007

Electronic Signature of Signing Officer or Director — Date