

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002650

FILED
Aug 08, 2005
Secretary of State

Entity Name: PROFESSIONAL WOMEN EMPOWER INC.

Current Principal Place of Business:

14100 WALSINGHAM RD
#33
LARGO, FL 33774

Current Mailing Address:

PO BOX 4453
SEMINOLE, FL 33775

New Principal Place of Business:

36181 EAST LAKE RD.
#420
PALM HARBOR, FL 34685

New Mailing Address:

36181 EAST LAKE RD.
#420
PALM HARBOR, FL 34685

FEI Number: 01-0774275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BURHANS, LINDA S
12012 98TH AVE N
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

BOYLE, ELIZABETH D
3045 SAVANNAH OAKS CIRCLE
TARPON SPRINGS, FL 34688 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: ELIZABETH D. BOYLE

08/08/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BURHANS, LINDA
Address: 12012 98TH AVE N
City-St-Zip: SEMINOLE, FL 33772

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: B (X) Change () Addition
Name: BURHANS, LINDA
Address: 12012 98TH AVE N
City-St-Zip: SEMINOLE, FL 33772

Title: D () Change (X) Addition
Name: BOYLE, ELIZABETH D
Address: 3045 SAVANNAH OAKS CIRCLE
City-St-Zip: TARPON SPRINGS, FL 34688

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: ELIZABETH BOYLE

D

08/08/2005

Electronic Signature of Signing Officer or Director

Date