

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006603

FILED
Apr 25, 2006
Secretary of State

Entity Name: WOMEN WITH A CALL INTERNATIONAL, INC.

Current Principal Place of Business:

6515 TAFT STREET
HOLLYWOOD, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 541564
MIRAMAR, FL 33054 US

New Mailing Address:

FEI Number: 90-0108688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAIRSTON, ELIZABETH A
10717 S. PRESERVE WAY, BLDG. 3-306
MIRAMAR, FL 33025 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: VP () Delete
Name: RISPRESS, CEREDA
Address: 788 KIMBALL PLACE
City-St-Zip: COLUMBUS, OH 43205 US

Title: SEC () Delete
Name: PRESTON, RAMONE
Address: 1738 ST IVES CROSSING
City-St-Zip: STOCKBRIDGE, GA 30281 FL

Title: SEC () Delete
Name: PRESTON, RAMONE
Address: 1738 ST. IVES CROSSING
City-St-Zip: STOCKBRIDGE, GA 30281 US

Title: PRES () Delete
Name: HAIRSTON, ELIZABETH A
Address: 10717 S. PRESERVE WAY, #3-306
City-St-Zip: MIRAMAR, FL 33025

Title: VD () Delete
Name: RISPRESS, CEREDA
Address: 788 KIMBALL PL
City-St-Zip: COLUMBUS, OH 43205

Title: D () Delete
Name: EVANS, CHARLOTTE
Address: 11020 PEMBROKE RD, #116
City-St-Zip: MIRAMAR, FL 33025

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: PRES (X) Change () Addition
Name: HAIRSTON, ELIZABETH A
Address: P.O.BOX 541564
City-St-Zip: OPA-LOCKA, FL 33054

Title: VD (X) Change () Addition
Name: RISPRESS, CEREDA
Address: 788 KIMBALL PL
City-St-Zip: COLUMBUS, OH 43205

Title: () Change () Addition
Name:
Address:
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: ELIZABETH A. HAIRSOTN

PRES

04/25/2006

Electronic Signature of Signing Officer or Director

Date