


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90007 017 ****70.00

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|--|--|---|---|---|--|
| DOCUMENT # N03000006744 1. Entity Name WOMEN'S ECOMMERCE ASSOCIATION INTERNATIONAL, INC. | | | |  | |
| Principal Place of Business 7100 PEMBROKE RD. MIRAMAR FL 33023 | | | | Mailing Address 7100 PEMBROKE RD. MIRAMAR FL 33023 | |
| 2. Principal Place of Business 10890 SW 27 CT. | | 3. Mailing Address Same | | | |
| Suite, Apt. #, etc. DAVIE FL | | Suite, Apt. #, etc. DAVIE FL | | | |
| City & State DAVIE FL | | City & State DAVIE FL | | | |
| Zip 33328 | | Country USA | | 4. FEI Number 06-1702976 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | Applied For \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent OBERT, JENNIFER 646 SW 6TH ST. HALLANDALE FL 33009 | | | 7. Name and Address of New Registered Agent Name SUZANNAH RICHARDS Street Address (P.O. Box Number is Not Acceptable) 10890 SW 27 CT. D City DAVIE FL Zip Code 33328 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Suzanne Richards</i></u> 3-8-06 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RICHARDS, HEIDI 7100 PEMBROKE RD. MIRAMAR FL 33023 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RICHARDS, HEIDI 10890 SW 27 CT. DAVIE FL 33328 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS OBERT, JENNIFER 646 SW 6TH ST. HALLANDALE FL 33009 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS OBERT, JENNIFER 10890 SW 27 CT. DAVIE FL 33328 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT RICHARDS, SUZANNAH 10890 SW 27TH CT. DAVIE FL 33328 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HATCHER, DIANE 5249 SW 117TH TERR. COOPER CITY FL 33330 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FRIEFELD, SUSAN 11567 N. OPEN CT. COOPER CITY FL 33026 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUPREE, TINA P. O. BOX 45081 OPA LOCKA FL 33054 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u><i>Heidi Richards</i></u> 3-8-06 984683-4329 | | | | | |