2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2009
Secretary of State

DOCUMENT# N03000006744

Entity Name: WOMEN'S ECOMMERCE ASSOCIATION INTERNATIONAL, INC.

Current Principal Place of Business:

10890 S.W 27 CT
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

10890 S.W 27 CT
DAVIE, FL 33328

New Mailing Address:

FEI Number: 06-1702976 **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:

RICHARDS, SUZANNAH
10890 SW 27 CT
DAVIE, FL 33328 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:	P	( ) Delete
Name:	RICHARDS, HEIDI	
Address:	10890 SW 27 CT.	
City-St-Zip:	DAVIE, FL 33328	
Title:	VS	( ) Delete
Name:	OBERT, JENNIFER	
Address:	10890 SW 27 CT	
City-St-Zip:	DAVIE, FL 33328	
Title:	VT	( ) Delete
Name:	RICHARDS, SUZANNAH	
Address:	10890 SW 27TH CT.	
City-St-Zip:	DAVIE, FL 33328	
Title:	D	( ) Delete
Name:	FRIEFELD, SUSAN	
Address:	11567 N. OPEN CT.	
City-St-Zip:	COOPER CITY, FL 33026	
Title:	D	( ) Delete
Name:	DUPREE, TINA	
Address:	P. O. BOX 45081	
City-St-Zip:	OPA LOCKA, FL 33054	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: HEIDI S. RICHARDS PRES 05/15/2009

Electronic Signature of Signing Officer or Director — Date