*2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03452



FILED Jan 10, 2007 8:00 am Secretary of State 01-10-2007 90046 032 ****61.25

1. Entity Name AMERICAN WOM ACCOUNTANTS							
Principal Place of Business C/O JILL F. ANDRON 10205 CARACAS STREET COOPER CITY, FL 33026		Mailing Address C/O JILL F. ANDRON 10205 CARACAS STREET COOPER CITY, FL 33026					
2. Principal Place of Busi	ness - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip Country					
6. Name	and Address of Curren	t Registered Agent					
ANDRON, JILL F	Name						
10205 CARACAS S COOPER CITY, FL	Street Address (P						

			•			1	TI					
C/O JILL F. ANDRON C/O J 10205 CARACAS STREET 1020		ng Address Jill F. Andron 205 Caracas Street DPER CITY, FL 33026			_	0008						
2. Principal Place of Business - No P.O. Box # 3. Mai		ailing Address										
Suite, Apt. #, etc. St		Su	uite, Apt. #, etc.			01062007	Chg-NP	CR2E0	37 (12/06)			
City & State Ci			ty & State		•	4. FEI Number 59-24680	87			Applied For lot Applicable		
Zip		Country	y Zip Cour			ıntry		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Current	Registere	ed Agent				7. Name and Ad	dress of New F	Registered	Agent	
ANDRON	JULE					Name						
ANDRON, JILL F 10205 CARACAS STREET COOPER CITY, FL 33026			Street Address		ddress (P.O. Box Number is	Not Acceptable	e)				
						Ċity					Zip Cox	de
	· · · · · · · · · · · · · · · · · · ·					L				FL	- '	
8. The above the obligat	enamed entit tions of regist	y submits this statement for	r the purp	ose of changing its	register	ed office o	r register	ed agent, or both, i	n the State of Fl	orida. 1 am	familiar with	i, and accept
SIGNATURE .	Sometime board	or printed name of registered agent	anderio d'anc	Ninetia (MCTT				when reinstating)				
		or present that the or togration of agents		ACADAS. (14011	L. , togistere	u Ayon sıyızı	ane required	west renegating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State							
10,		OFFICERS AND DIF	RECTORS		11.		1	ADDITIONS/CHANG	SES TO OFFICE	RS AND D	RECTORS I	N 10
TITLE	P			Detete	בודוד	<u> </u>	1				Change	Addition
NAME Street address		IVY LYNN BBLESTONE CT			NAM							
CITY-ST-ZIP	DAVIE, FI					ET ADORESS -ST+ZIP	ĺ					
TITLE	V		☐ Delete	TITLE		P	***			Change	Addition	
NAME	MACKEY, BONNIE L		NAME.			•				par country	[] Addition	
STREET ADDRESS	EET ADDRESS 2699 STIRLING RD., B-205			STRE	ET ADDRESS							
CITY-ST-ZIP	11022111000,12 000120010		W-1	CITY	-ST-ZIP							
TITLE	T			Delete	TITLE		Τ	0			Change	Addition X
NAME WEINER, SANDRA L STREET ADDRESS 10130 NW 5 STREET		NAM		E Et adoress	DONNA J. PETRESS-MILLER DIRINGE Z791 NW 83 TERRACE							
CITY-ST-ZIP	ı	DN, FL 33324				-ST-ZIP	710	ALSPRING!	FL 3	3065		
TITLE				☐ Delete	TITLE		VP		-,	3005	☐ Change	Addition
NAME	V			_ buck	NAM		Nic	de Mar	marin	ก		JA ,
STREET ADDRESS	İ				STRE	ET ADORESS	450	E. Las O	ias Blue	a Suit	te 950	
CITY-ST-ZIP					CITY	-ST-ZIP	F+.1	Landerdale	LIFL	<u> პ</u> უპი	<u>t</u>	
TITLE				Delete	TITLE						Change	Addition
NAME Street Address					NAM	E Et adoress						
CITY-ST-ZIP						-ST-ZIP	•					
TITLE				☐ Delete	TITLE						☐ Change	Addition
NAME					NAM	E						
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP	L	·			_	-ST-ZIP	L	, <u></u>	•			
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 lepton 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 impowered.										nformation or director		
changed,	or on an atta	chment with an address, v	with all oth	er like empowered.	7	~~~~\ <u>`</u>		, . Johns Statutes, B	··· · · · · · · · · · · · · · · · · ·	- ahheaigi	DIOCK 10 C	A PICCULLI

SIGNATURE: