

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002636

FILED
Apr 30, 2007
Secretary of State

Entity Name: MOMSWEB, INC.

Current Principal Place of Business:

2420 CAVALLA LOOP
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 37735
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 68-0545505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, LAVENDER
2420 CAVALLA LOOP
PENSACOLA, FL 32526 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: VC () Delete
Name: SCOTT, YVONNE
Address: 7771 NORTHPOINTE
City-St-Zip: PENSACOLA, FL 32514

Title: P () Delete
Name: WILLIAMS, LAVENDER S
Address: 2420 CAVALLA LOOP
City-St-Zip: PENSACOLA, FL 32526

Title: M () Delete
Name: HOBODY, ALICIA
Address: 1085 FREE BOARD
City-St-Zip: PENSACOLA, FL 32507

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:

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: LAVENDER WILLIAMS

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

Date