


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90435 001 ****61.25
 03-16-2006 90435 002 *****8.75

DOCUMENT # N04000012134	
1. Entity Name WOMEN OF INTEGRITY NETWORKING INC.	

Principal Place of Business 275 CENTENNIAL AVE PISCATAWAY, NJ 08854	Mailing Address P O BOX 8175 PISCATAWAY, NJ 08855
---	---

DO NOT WRITE IN THIS SPACE



02092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 43-2074989	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCALLA, CLARA P.O. BOX 8175 PISCATAWAY, NJ 08855
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BALDE, ROSALIA P.O. BOX 8175 PISCATAWAY, NJ 08855
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOSEPH, LAUREN 7100 SUNSHINE SKYWAY LANE SO. ST. PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 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: Clara McCalla 3/16/06 718-986-5219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #