

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000012134

FILED
Apr 29, 2008
Secretary of State

Entity Name: WOMEN OF INTEGRITY NETWORKING INC.

Current Principal Place of Business:

275 CENTENNIAL AVE
PISCATAWAY, NJ 08854

New Principal Place of Business:

3241 STONEBRIDGE TRAIL
VALRICO, FL 33596

Current Mailing Address:

P O BOX 8175
PISCATAWAY, NJ 08855

New Mailing Address:

P O BOX 726
VALRICO, FL 33595

FEI Number: 43-2074989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MCCALLA, CLARA
Address: P.O. BOX 1481
City-St-Zip: PISCATAWAY, NJ 08855

Title: V () Delete
Name: BALDE, ROSALIA
Address: P.O. BOX 1481
City-St-Zip: PISCATAWAY, NJ 08855

Title: V () Delete
Name: JOSEPH, LAUREN
Address: 5404 LANDING VIEW CT.
City-St-Zip: ROSHARON,, TX 77583 21

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCCALLA, CLARA
Address: 3241 STONEBRIDGE TRAIL
City-St-Zip: VALRICO, FL 33596

Title: V (X) Change () Addition
Name: BALDE, ROSALIA
Address: P.O. BOX 726
City-St-Zip: VALRICO, FL 33595

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: CHAMPELLE, ALBERTA MIN.
Address: P. O. BOX 726
City-St-Zip: VALRICO, FL 33595

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: CLARA MCCALLA

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date