2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2006 8:00 am Secretary of State

DOCUMENT # N05000002110 1. Entity Name CHICK LIT WRITERS OF THE WORLD, INC.							04-13-2006 90281 020 ****61.25					
Principal Place of Business ONLINE JACKSONVILLE, FL 32217 US Mailing Address 1526 UNIVERSITY BLVD. PMB 264 JACKSONVILLE, FL 32217 JACKSONVILLE, FL 3221						JS						
2. Principal Place of Business 3.				3. Mailing Address 8668 NAVARRE PARKWAY								
Suite, Apt. #, etc.			Suite, Apt. #, etc. ## 163					04022006 _C	hg-NP	CR2E03	37 (11/05)	
City & State			City & State NAVARRE, FL							oplied For ot Applicable		
Zíp		Country	37.5	566	Cou US		1	5. Certificate of S	itatus Desired		\$8.75 Add Fee Require	ditional d
	6. Name and	Address of Current	Registered	d Agent				7. Name and Ad	dress of New Reg	gistered A	\gent	
POLLAK, BARBARA C 1526 UNIVERSITY BLVD. WEST PMB 264						Name ONDA MALIES Street Address (P.O. Box Number is Not Acceptable)						
JACKSONVILLE, FL 32217				•	" 8561 C			ORBIN C ARRE				· · · · · · · · · · · · · · · · · · ·
	5					City N	121/	APPE		FL	Zip Cod 3Z.5	e/_/_
8. The above the obligat	tions of registered	Pal		-		d office o	r register	ed agent, or both, in	n the State of Fiorio		amiliar with,	and accept
Filing Fee is \$61.25 Due by May 1, 2006 Signature Typed or printed name of registered agent and title if applicable. Piling Fee is \$61.25 Trust Fund Contribution.								\$5.00 May Be Added to Fees			payable to	
10.		OFFICERS AND DIR	ECTORS		, 11.			ADDITIONS/CHANG	L			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		STAGE TO STAGE STA	icorono	☐ Delete	TITLE NAME STREE		P 14RYN 1409	N KENNE N. ALTA ANGELES	DY VISTA BL	# 103	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			744	ISTINE EN LONG POI TWA, ONTA	IT CIR	40A	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	☐ Delete		T ADDRESS ST-ZIP	≤ TH <i>E</i> 0 3391	ZESA MEY SE KEMP ORCHAR	FRS LN.		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	•		T 5ANI 2514	DRA KERLE I REABOK BUILLE, A	CIR	, <u>, , , , , , , , , , , , , , , , , , </u>	Change .	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		T ADDRESS ST-ZIP	PAN 509	LIAISON NNA SWEN RANCH TRA YG, TX 75	11050N IL #115		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		T ADDRESS ST-ZIP	PRO RUTH 1350	LIAISON KAUFMA W. FULLE	N ERTON # 6	514	☐ Change	Addition

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:

ARYN KENNEDY 4/2/2006 (310) 291-06

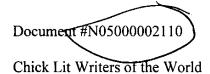
SIGNATURE Date

Date

Daytime Phone #

(310) 291-0671

ATTACHMENT 60027657



Block 11: General Membership Liaison Sally Rigby Bethlehem Motor Inn 176 Moffat Rd. Bethlehem, Tauranga Bay of Plenty 3001 New Zealand