2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2007
Secretary of State

DOCUMENT# N05000011666

Entity Name: WOMEN OF INFLUENCE INC.

Current Principal Place of Business:

4169 WALTHAM FOREST DRIVE
TAVARES, FL 32778

New Principal Place of Business:

4169 WALTHAM FOREST DRIVE
TAVARES, FL 32778 US

Current Mailing Address:

4169 WALTHAM FOREST DR.
TAVARES, FL 32778

New Mailing Address:

4169 WALTHAM FOREST DR.
TAVARES, FL 32778 US

FEI Number: 20-3724095 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY RD.
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

BAJARES, LORETTA M PRES
4169 WALTHAM FOREST DR.
TAVARES, FL 32778 US

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: LORETTA M BAJARES 06/26/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BAJARES, LORETTA
Address: 4169 WALTHAM FOREST DR.
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete
Name: BAJARES, SALOMON
Address: 4169 WALTHAM FOREST DR.
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BAJARES, LORETTA
Address: 4169 WALTHAM FOREST DR.
City-St-Zip: TAVARES, FL 32778 US

Title: D (X) Change ( ) Addition
Name: BAJARES, SALOMON
Address: 4169 WALTHAM FOREST DR.
City-St-Zip: TAVARES, FL 32778 US

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: LORETTA M BAJARES PRES 06/26/2007
Electronic Signature of Signing Officer or Director Date