


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N05768
 1. Entity Name
WOMEN OWNERS NETWORK, INC.



Principal Place of Business Mailing Address
P. O. BOX 25654 **P. O. BOX 25654**
SARASOTA, FL 34277-9654 **SARASOTA, FL 34277-9654**

DO NOT WRITE IN THIS SPACE



D1232006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2454267 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CONIGLIO, CAROL A
3910 GOLF PARK LOOP
SUITE 1
BRADENTON, FL 34203

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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 re-registering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 STARCHER, LINDA 1749 LOMA LINDA STREET SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCURDY, PAM 5944 WILDWOOD AVE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONIGLIO, CAROL A 3910 GOLF PARK LOOP, SUITE 1 BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, BARBARA 116 SARASOTA QUAY SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/07/06-80027-002 61.25

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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 817, 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: *Carol A. Coniglio* *2/20/06* 941
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