2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N06000012267

Entity Name: WIVES OF PRO ATHLETES, INC.

Current Principal Place of Business:

6000 - 25TH WAY SOUTH
ST. PETERSBURG, FL 33712 US

New Principal Place of Business:

Current Mailing Address:

6000 - 25TH WAY SOUTH
ST. PETERSBURG, FL 33712 US

New Mailing Address:

P.O.BOX 3464
TAMPA, FL 33601 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

PRIDGEN, IRENE J
8362 PINES BLVD. SUITE
1500
PEMBROKE PINE BLVD, FL 337024 US

Name and Address of New Registered Agent:

LAW OFFICE OF SYLVIA J TAYLOR, P. A.
1819 MAIN STREET
210
SARASOTA, FL 34236 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: SYLVIA TAYLOR, P.A. 05/01/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PRIDGEN, IRENE J
Address: 6000 - 25TH WAY SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: D ( ) Delete
Name: LAWRENCE, HENRY
Address: 6000 - 25TH WAY SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: D (X) Delete
Name: PETERSON, CHANTAL,
Address: 2551 - COLUMBUS WAY SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: D (X) Delete
Name: MACKEY, SYLVIA,
Address: 8362 PINES BLVD. SUITE 1500
City-St-Zip: PEMBROKE PINES,, FL 33024 US

Title: D (X) Delete
Name: STRAWBERY, CHARISSE,
Address: 8362 PINES BLVD. SUITE 1500
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: D (X) Delete
Name: EILEEN BOOZY,
Address: 2551 COLUMBUS WAY SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: F (X) Change ( ) Addition
Name: PRIDGEN, IRENE J
Address: 6000 - 25TH WAY SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712 US

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

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

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

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

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

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: IRENE PRIDGEN F 05/01/2008
Electronic Signature of Signing Officer or Director Date