

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 16, 2011  
Secretary of State**

DOCUMENT# N07000006736

Entity Name: PROFESSIONAL WOMEN'S NETWORK, INC.

**Current Principal Place of Business:**

480 MAPLEWOOD DR  
SUITE 3  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

480 MAPLEWOOD DR  
SUITE 3  
JUPITER, FL 33458

**New Mailing Address:**

FEI Number: 26-0143577      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DESORMIER-CARTWRIGHT, ANNE  
480 MAPLEWOOD DRIVE  
SUITE 3  
JUPITER, FL 33458 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: DIR  
Name: BLAKE, BRITAN  
Address: PO BOX 33242  
City-St-Zip: PALM BEACH GARDENS, FL 334203242

Title: DT  
Name: DESORMIER-CARTWRIGHT, ANNE  
Address: 480 MAPLEWOOD DRIVE  
City-St-Zip: JUPITER, FL 33458

Title: DP  
Name: MCNAMARA, DEENA  
Address: PO BOX 33242  
City-St-Zip: PALM BEACH GARDENS, FL 334203242

Title: DS  
Name: BARRICK, CARA  
Address: PO BOX 33242  
City-St-Zip: PALM BEACH GARDENS, FL 334203242

Title: DV  
Name: KEKKI, TANYA DR  
Address: PO BOX 33242  
City-St-Zip: PALM BEACH GARDENS, FL 33420 US

I hereby 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 all other like empowered.

SIGNATURE: ANNE DESORMIER-CARTWRIGHT

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02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date