

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000008034

**FILED**  
**Feb 20, 2010**  
**Secretary of State**

**Entity Name:** SAVVY WOMEN'S ADVICE NETWORK, INC.

**Current Principal Place of Business:**

21409 SHERIDAN RUN  
ESTERO, FL 33928

**New Principal Place of Business:**

**Current Mailing Address:**

21409 SHERIDAN RUN  
ESTERO, FL 33928

**New Mailing Address:**

**FEI Number:** 26-3348044

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PORTER-MEDLEY, RENEE  
21409 SHERIDAN RUN  
ESTERO, FL 33928 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:** P  
**Name:** PORTER-MEDLEY, RENEE  
**Address:** 21409 SHERIDAN RUN  
**City-St-Zip:** ESTERO, FL 33928

**Title:** TR  
**Name:** CARGNONI, CHRISTINE  
**Address:** 1840 LES CHATEAUX #101  
**City-St-Zip:** NAPLES, FL 34109

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:** CHRISTINE C. CARGNONI

MS

02/20/2010

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

\_\_\_\_\_  
Date