
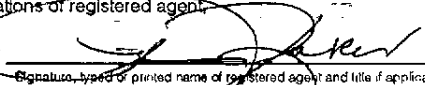
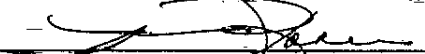


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

|   |                                     |         |  |   |                                    |
|---|-------------------------------------|---------|--|---|------------------------------------|
| <b>DOCUMENT # N09070</b>  |                                     |         |  |  |                                    |
| 1. Entity Name<br><b>WOMENS WORLD INVITATIONAL FLY CHAMPIONSHIP, INC.</b>   |                                     |         |  |   |                                    |
| Principal Place of Business<br><b>P.O. BOX 342<br/>ISLAMORADA FL 33036</b>  |                                     |         | Mailing Address<br><b>P.O. BOX 342<br/>ISLAMORADA FL 33036</b>                   |   |                                    |
| 2. Principal Place of Business  |                                     |         | 3. Mailing Address   |   |                                    |
| Suite, Apt. #, etc.   |                                     |         | Suite, Apt. #, etc.  |   |                                    |
| City & State  |                                     |         | City & State   |   |                                    |
| Zip   |                                     | Country | Zip  |   | Country                            |
| 6. Name and Address of Current Registered Agent   |                                     |         |  |   |                                    |
| <b>BAKER, SUZAN</b><br><b>PEN KEY CLUB, 82994 O/S HWY</b><br><b>P.O.B. 189</b><br><b>ISLAMORADA FL 33036</b>  |                                     |         |  |   |                                    |
| 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 reinstating)<br>DATE <b>4/1/05</b>  |                                     |         |  |   |                                    |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2005</b>  |                                     |         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b> |
|   |                                     |         | <b>Make Check Payable to Florida Department of State</b>                         |   |                                    |
| 10. OFFICERS AND DIRECTORS  |                                     |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                            |   |                                    |
| TITLE   | P/D <input type="checkbox"/> Delete |         | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                    |
| NAME  | RUDOLPH, DIANA                      |         | NAME   | U000000346487   |                                    |
| STREET ADDRESS  | PEN KEY CLUB, P.O. BOX 1089         |         | STREET ADDRESS   | 04/30/05-80077-014 61.25  |                                    |
| CITY-ST-ZIP   | ISLAMORADA FL 33036                 |         | CITY-ST-ZIP  |   |                                    |
| TITLE   | TD <input type="checkbox"/> Delete  |         | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                    |
| NAME  | BAKER, SUSAN                        |         | NAME   |   |                                    |
| STREET ADDRESS  | PEN KEY CLUB, P.O.B. 189            |         | STREET ADDRESS   |   |                                    |
| CITY-ST-ZIP   | ISLAMORADA FL                       |         | CITY-ST-ZIP  |   |                                    |
| TITLE   | VPD <input type="checkbox"/> Delete |         | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                    |
| NAME  | MORET, SUE                          |         | NAME   |   |                                    |
| STREET ADDRESS  | P.O. BOX 342                        |         | STREET ADDRESS   |   |                                    |
| CITY-ST-ZIP   | ISLAMORADA FL 33036                 |         | CITY-ST-ZIP  |   |                                    |
| TITLE   | <input type="checkbox"/> Delete     |         | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                    |
| NAME  |                                     |         | NAME   |   |                                    |
| STREET ADDRESS  |                                     |         | STREET ADDRESS   |   |                                    |
| CITY-ST-ZIP   |                                     |         | CITY-ST-ZIP  |   |                                    |
| TITLE   | <input type="checkbox"/> Delete     |         | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                    |
| NAME  |                                     |         | NAME   |   |                                    |
| STREET ADDRESS  |                                     |         | STREET ADDRESS   |   |                                    |
| CITY-ST-ZIP   |                                     |         | CITY-ST-ZIP  |   |                                    |
| TITLE   | <input type="checkbox"/> Delete     |         | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                    |
| NAME  |                                     |         | NAME   |   |                                    |
| STREET ADDRESS  |                                     |         | STREET ADDRESS   |   |                                    |
| CITY-ST-ZIP   |                                     |         | CITY-ST-ZIP  |   |                                    |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/1/05** Daytime Phone #