2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Jun 01, 2005 DOCUMENT# N09070 Secretary of State

Entity Name: WOMENS WORLD INVITATIONAL FLY CHAMPIONSHIP, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 342 P.O. BOX 1757

ISLAMORADA, FL 33036 ISLAMORADA, FL 33036

Current Mailing Address: New Mailing Address:

P.O. BOX 342 P.O. BOX 1757

ISLAMORADA, FL 33036 ISLAMORADA, FL 33036

FEI Number: 59-2445429 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BAKER, SUZAN MORET, SUE 81250 OVERSEAS HIGHWAY PEN KÉY CLUB, 82994 O/S HWY TARPON FLATS UNIT# 2 P.O.B. 189 ISLAMORADA, FL 33036 US ISLAMORADA, FL 33036 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: SUE MORET 06/01/2005 Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FILED

() Delete (X) Change () Addition

RUDOLPH, DIANA MORET, SUE Name: Name: PEN KEY CLUB, P.O. BOX 1089 Address: P.O.BOX 1757 Address:

City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: ISLAMORADA, FL 33036

Title: TD () Delete Title: VP/D (X) Change () Addition BAKER, SUSAN Name: RUDOLPH, DIANA Name:

Address: PEN KEY CLUB, P.O.B. 189 Address: P.O. BOX 612

City-St-Zip: ISLAMORADA, FL City-St-Zip: ISLAMORADA, FL 33036

Title: VPD () Delete Title: S/D (X) Change () Addition MORET, SUE DUCAN, LESLIE Name: Name:

81250 OVERSEAS HIGHWAY - UNIT #3 P.O. BOX 342 Address:

Address: City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: ISLAMORADA, FL 33036

() Delete Title: Title: T/D () Change (X) Addition

Name: Name: LATELLA, SUSAN M Address: Address: 132 SEASHORE DRIVE City-St-Zip: City-St-Zip: ISLAMORADA, FL 33036

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN M. LATELLA T/D 06/01/2005