


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 08:00 AM
Secretary of State

DOCUMENT # N09070	
1. Entity Name WOMENS WORLD INVITATIONAL ELY CHAMPIONSHIP, INC.	

Principal Place of Business P.O. BOX 1757 ISLAMORADA, FL 33036	Mailing Address P.O. BOX 1757 ISLAMORADA, FL 33036
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02272008 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2445429	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MORET, SUE
81250 OVERSEAS HIGHWAY
TARPON FLATS UNIT# 2
ISLAMORADA, FL 33036**

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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	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MORET, SUE P.O. BOX 1757 ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D RUDOLPH, DIANA P.O. BOX 812 ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D DUCAN, LESLIE 81250 OVERSEAS HIGHWAY - UNIT #3 ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D LATELLA, SUSAN M 132 SEASHORE DRIVE ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	5/16/06 1305664542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	