2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N09070

Entity Name: WOMENS WORLD INVITATIONAL FLY CHAMPIONSHIP, INC.

Current Principal Place of Business:

81250 OVERSEAS HIGHWAY
TARPON FLATS - UNIT # 2
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1757
ISLAMORADA, FL 33036

New Mailing Address:

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

Name and Address of Current Registered Agent:

MORET, SUE
81250 OVERSEAS HIGHWAY
TARPON FLATS UNIT# 2
ISLAMORADA, FL 33036 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/D	( ) Delete
Name:	MORET, SUE	
Address:	P.O.BOX 1757	
City-St-Zip:	ISLAMORADA, FL 33036	
Title:	VP/D	( ) Delete
Name:	RUDOLPH, DIANA	
Address:	P.O. BOX 612	
City-St-Zip:	ISLAMORADA, FL 33036	
Title:	S/D	( ) Delete
Name:	DUCAN, LESLIE	
Address:	81250 OVERSEAS HIGHWAY - UNIT #3	
City-St-Zip:	ISLAMORADA, FL 33036	
Title:	T/D	( ) Delete
Name:	LATELLA, SUSAN M	
Address:	132 SEASHORE DRIVE	
City-St-Zip:	ISLAMORADA, FL 33036	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 01/16/2009

Electronic Signature of Signing Officer or Director — Date