2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27079

FILED Apr 23, 2008 Secretary of State

Entity Name: COMMERCIAL REAL ESTATE WOMEN, INC.

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

420 SOUTH ORANGE AVENUE 37 NORTH ORANGE AVENUE

SUITE 1200 SUITE 500

ORLANDO, FL 32801 US ORLANDO, FL 32801 US

Current Mailing Address: New Mailing Address:

420 SOUTH ORANGE AVENUE 37 NORTH ORANGE AVENUE

SUITE 1200 SUITE 500

ORLANDO, FL 32801 US ORLANDO, FL 32801 US

FEI Number: 59-2960643 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:

BONIFAY, CECELIA ZINAICH, EMILY

420 SOUTH ORANGE AVE. 255 SOUTH ORANGE AVENUE SUITE 1200 SUITE 1545

ORLANDO, FL 32801 US SUITE 1545
ORLANDO, FL 32801 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: EMILY ZINAICH 04/23/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: P (X) Change() Addition

Name: DONOVAN, DALE Name: ZINAICH, EMILY

Address: 37 NO ORANGE AVENUE SUITE 500 Address: 255 SOUTH ORANGE AVENUE SUITE 1545

City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32801

Title: T () Delete Title: () Change () Addition

 Name:
 DEVLIN, ELAINE
 Name:

 Address:
 405 DOUGLAS AVENUE, SUITE 1405
 Address:

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714
 City-St-Zip:

Title: P () Delete Title: PE (X) Change () Addition

Name: BONIFAY, CECELIA Name: WERNER, PATRICIA

Address: 420 S. ORANGE AVENUE Address: 2301 MAITLAND CENTER PKWY SUITE 250

City-St-Zip: ORLANDO, FL 32801 City-St-Zip: MAITLAND, FL 32751

Title: () Delete Title: S () Change (X) Addition

Name: Name: SMALLEY, JANE

 Address:
 Address:
 9588 NARCOOSSEE ROAD

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32827

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: ELAINE DEVLIN T 04/23/2008