

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2006 8:00 am**  
**Secretary of State**

05-23-2006 90010 006 \*\*\*\*61.25

<b>DOCUMENT # N38946</b> 1. Entity Name <b>BAYANIHAN INTERNATIONAL LADIES ASSOCIATION, INC.</b>					
Principal Place of Business 1228 FOREST CIR ALTAMONTE SPGS., FL 32714 US			Mailing Address 1228 FOREST CIR ALTAMONTE SPGS., FL 32714 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3017343</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>CRUZ, JULIEANN</b> <b>1228 FOREST CIR</b> <b>ALTAMONTE SPGS., FL 32714</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINEDA, BONNIE 1314 OLD MT DORA ROAD EUTIS, FL 32726	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS STERLING, PAT 2073 SAILBOROUGH CT STONEY BROOK WEST WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BESIACK, ALICE 8645 BRACKENWOOD DRIVE ORLANDO, FL 32829	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS KERR, CICELY 1862 CROWLEY CIRCLE E LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILLER, KATHY 1220 FOREST CIR ALTAMONTE SPGS., FL 32714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRT FLOYD, JULIE 626 RUGBY ST ORLANDO, FL 32804	<input type="checkbox"/> Delete			
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.			CORRESPONDING SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ALICE BESIACK</b> <b>8645 BRACKENWOOD DRIVE ORL. FL 32829</b>		
TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JEANETTE O'MEARA</b> <b>2628 WIMBLEDON CT. ORL. FL 32761</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
SIGNATURE: <u><i>Jeanette O'Meara</i></u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <u>5/19/06</u> Daytime Phone #: <u>407-298-4497</u>					