## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 29, 2008 8:00 am Secretary of State

DOCUMENT # N39856  1. Entity Name WOMEN'S EXECUTIVE COUNCIL, INC.							01-29-200	8 90011 02	25 ****61	1.25		
Principal Place of Business P.O. BOX 2895 ORLANDO, FL 32802 US Mailing Address POST OFFICE BOX 2895 ORLANDO, FL 32802 US				<del>'</del>		1   <b>184</b>     <b>184   18</b> 4						
Principal Place of Business - No P.O. Box #     3. Mailing A			ig Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			01222008	Chg-NP	CR2E03	7 (12/06)			
City & State		City & State	City & State			4. FEI Numbe 59-304			<u> </u>	pplied For ot Applicable		
Zip	Country	Zip	Cou	untry		5. Certificate	of Status Desired		\$8.75 Add Fee Required			
	6. Name and Address of Current	Registered Agent				7. Name and	Address of Nev	v Registered A	gent			
CALLA AN	NDDEA			Name _	TINB	WERE	HTH					
SALVA, ANDREA 3760 N JOHN YOUNG HWY #101 ORLANDO, FL 32804					Street Address (P.O. Box Number is Not Acceptable)							
ONDANDO	7,12 02004				201	S. ORAN	GE AVE	, SUIT	<del>-</del>			
				City	DRL	OCHA.		FL	Zip Code	امۇ		
	named entity submits this statement for ions of registered agent.	or the purpose of changin	g its register	ed office or	register	ed agent, or bot	h, in the State of	Florida. I am f	amiliar with,	and accept		
SIGNATURE To McGratty Treasurer Tina McGratty 1/22/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE												
		and tide if applicable.	(NOTE: Registere	ed Agent signatu	ure required	when reinstating)		DATE	'			
	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2008	and title if applicable.  9. Election Trust Fu	(NOTE: Registere	Financing		\$5.00 May B Added to Fees	e F	Make check lorida Depart	payable to	ate		
10.	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D	9. Election Trust Fu	Campaign F and Contribut	Financing tion.		\$5.00 May B Added to Fees	e (27.3	Make check lorida Depart	payable to	late		
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Filling Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DI  VP FERRONE, SHELLY 111 N. ORANGE AVE., 1300 ORLANDO, FL 32801	9. Election Trust Fu RECTORS	Campaign Find Contribut  11. TITL NAM STRI	Financing tion.  E  AE  SET ADDRESS  Y-ST-ZIP  E	VP FERI IN TORLI	\$5.00 May B Added to Fees ADDITIONS/CHA RONE, SHE N ORANGE ANDO, FL	ANGES TO OFFI	Make check lorida Depart CERS AND DIF	payable to	I 10 Addition		
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12. Thereby certify that the information supplied with this thing does not quality for the exemptions contained in Chapter 119, Florida Statutes. Fluttine certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under orath; 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:	Time McGrath	TINA MCGRATH	PERSUPER	1/22/08	407.841-6930
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING O	OFFICER OR DIRECTOR		Date	Daytime Phone #