



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90024 048 ****70.00

DOCUMENT # N94000005799 1. Entity Name MINORITY/WOMEN BUSINESS ENTERPRISE ALLIANCE, INC.					
Principal Place of Business 135 E. COLONIAL DRIVE 2ND FLOOR ORLANDO, FL 32801 US			Mailing Address 135 E. COLONIAL DRIVE 2ND FLOOR ORLANDO, FL 32801 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04032008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3286950	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BROWN PAYNE, ANN CEO 135 E. COLONIAL DRIVE 2ND FLOOR ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Walker, Shirley A. Street Address (P.O. Box Number is Not Acceptable) 135 E. Colonial Drive 2nd Floor City Orlando FL Zip Code 32801		
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 <u>Shirley A. Walker</u> DATE <u>4/8/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCH STRATTON, JAN 135 E. COLONIAL DRIVE, 2ND FLOOR ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCH Campbell, Eugene 135 E. Colonial Dr, 2nd FL Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVC CAMPBELL, EUGENE 135 E. COLONIAL DRIVE, 2ND FLOOR ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVC Stewart, Larry 135 E. Colonial Drive, 2 FL Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC BROWN PAYNE, ANN CEO 135 E. COLONIAL DRIVE, 2ND FLOOR ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC Moss, Rodger D. 135 E. Colonial Drive, 2 FL Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ATKINS-BRADLEY, VERNICE 135 E COLONIAL DRIVE, 2ND FLOOR ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Walker, Shirley A. 135 E. Colonial Dr, 2nd FL Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DAVIS, ANDREW G 135 E. COLONIAL DRIVE, 2ND FLOOR ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Walker, Shirley A. 135 E. Colonial Dr, 2nd FL Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ATKINS-BRADLEY, VERNICE 135 E COLONIAL DRIVE, 2ND FLOOR ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Walker, Shirley A. 135 E. Colonial Dr, 2nd FL Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Shirley A. Walker</u> DATE <u>4/8/08</u> DAYTIME PHONE # <u>407-428-5860</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					