FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 14, 2001 8:00 am Secretary of State DOCUMENT # N9700006841 1. Entity Name NETWORKING CONNECTS WOMEN, INC. 05-14-2001 90243 038 ****61.25 1-Principal Place of Business Mailing Address PO BOX 2784 PO BOX 2784 ORMOND BEACH FL 32176 ORMOND BEACH FL 32176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3507843 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Box Number is Not Acceptable) Street Address WISE, DEBRA L Avenue 327 SOUTH PALMETTO AVENUE DAYTONA BEACH FL 32114 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition ☐ Delete TITLE TITLE Wise, Debbie 3251 South WISE, DEBBIE NAME NAME - Palmetto AVE 489 S YONGE STREET ADDRESS STREET ADDRESS **ORMOND BEACH FL 32174** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Huntmaster Court JOHNSON, DJ NAME NAME STREET ADDRESS 489 S YONGE ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Change 70 Delete TITLE TITLE RHOADES, BETH NAME 6 venetian circle NAME STREET ADDRESS 4895 S YONGE STREET ADDRESS **ORMOND BEACH FL 32174** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2001 386-322-8848