


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000004678**  
 1. Entry Name  
**WOMEN EXECUTIVE LEADERSHIP, INC.**



Principal Place of Business      Mailing Address  
**ATTN: CINDY KUSHNER**      **ATTN: CINDY KUSHNER**  
**450 E. LAS OLAS BLVD, SUITE 750**      **450 E. LAS OLAS BLVD, SUITE 750**  
**FT. LAUDERDALE, FL 33301**      **FT. LAUDERDALE, FL 33301**



01302006 No Chg-NP      CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0954327</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**KUSHNER, CINDY**  
**450 E. LAS OLAS BLVD**  
**SUITE 750**  
**FT. LAUDERDALE, FL 33131**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUSHNER, CINDY 450 E. LAS OLAS BLVD, SUITE 750 FT. LAUDERDALE, FL 331315313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKOFF, DEBBIE 450 E. LAS OLAS BLVD, SUITE 750 FT. LAUDERDALE, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'AN, EVELYN 450 E. LAS OLAS BLVD, SUITE 750 FT. LAUDERDALE, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000424001  
 02/18/06-80030-016 61.25

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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 info empowered.

**SIGNATURE:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/06      305 987 0837  
Date      Dymme Phone #