2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# N99000004678

Entity Name: WOMEN EXECUTIVE LEADERSHIP, INC.

Current Principal Place of Business:

ATTN: CINDY KUSHNER
450 E. LAS OLAS BLVD, SUITE 750
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

ATTN: CINDY KUSHNER
450 E. LAS OLAS BLVD, SUITE 750
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-0954327 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KUSHNER, CINDY
450 E. LAS OLAS BLVD
SUITE 750
FT. LAUDERDALE, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KUSHNER, CINDY
Address: 450 E. LAS OLAS BLVD, SUITE 750
City-St-Zip: FT. LAUDERDALE, FL 331315313

Title: D (X) Delete
Name: MARKOFF, DEBBIE
Address: 450 E. LAS OLAS BLVD, SUITE 750
City-St-Zip: FT. LAUDERDALE, FL 33131

Title: D ( ) Delete
Name: D'AN, EVELYN
Address: 450 E. LAS OLAS BLVD, SUITE 750
City-St-Zip: FT. LAUDERDALE, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVELYN D'AN MS. 06/15/2009

Electronic Signature of Signing Officer or Director — Date