

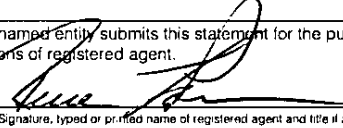
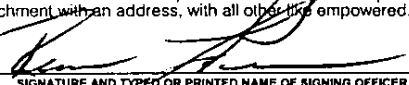


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 23, 2006 8:00 am**  
**Secretary of State**

05-23-2006 90010 011 \*\*\*150.00

<b>DOCUMENT # P05000048355</b>					
<b>1. Entity Name</b> WOMEN'S COUNCIL OF REALTORS OSCEOLA COUNTY CHAPTER INC.					
<b>Principal Place of Business</b> 931 W. OAK ST. KISSIMMEE, FL 34741			<b>Mailing Address</b> 931 W. OAK ST. KISSIMMEE, FL 34741		
<b>2. Principal Place of Business</b> 931 W. Oak St. Suite, Apt. #, etc. #100		<b>3. Mailing Address</b> 931 W. Oak St. Suite, Apt. #, etc. #100			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-2330304 <b>Applied For</b>	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> VILLAZON, DANIEL 419 WEST VINE ST. KISSIMMEE, FL 34741			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b> SIGNATURE  DATE 5/16/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P ZELLNER, CYN EWALD P.O. BOX 420210 KISSIMMEE, FL 34742	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D LAPERNA, REECE P.O. BOX 420210 KISSIMMEE, FL 34742	<input type="checkbox"/> Delete	P Laperna, Reece PO BX 420210, Kissimmee, FL 34742	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VP BISHOP, CARLA P.O. BOX 420210 KISSIMMEE, FL 34742	<input checked="" type="checkbox"/> Delete	VP Bill McCombs PO BX 420210, Kissimmee FL 34742	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	S GARAY, MINETTA P.O. BOX 420210 KISSIMMEE, FL 34742	<input checked="" type="checkbox"/> Delete	S Rosebud Kinkead PO BX 420210, Kissimmee, FL 34742	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	T WITHERS, RON P.O. BOX 420210 KISSIMMEE, FL 34742	<input checked="" type="checkbox"/> Delete	T Barbara Locke PO BX 420210, Kissimmee, FL 34742	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 607, 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 the empowered.</b>					
<b>SIGNATURE:</b> 			Date 5/16/06 Daytime Phone # 407-484-8740		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

# ATTACHMENT

40094040

Florida Department of State  
Division of Corporations

Women's Council of Realtors Osceola County Chapter, Inc.  
931 W. Oak Street, #100  
Kissimmee, FL 34741  
Document # P05000048355  
EIN: 59-2330304

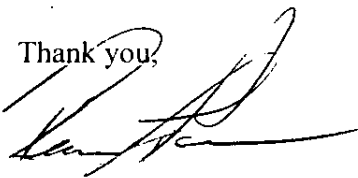
I DID NOT receive and FAILED TO FILE a timely Annual Report for 2006 for Women's Council of Realtors Osceola County Chapter, Inc.. I did not receive and was unaware of the filing and deadline requirements of the Annual Report. I have just acquired an accountant who has informed me that I should have filed this form by 05/01/2006.

I am requesting that the department of state remove the penalty and accept my renewal as is. This was an honest mistake and many steps have been put into place to avoid these errors in the future. I take these filing requirements very seriously and only want to do the right thing.

I would appreciate any assistance in reference to this matter.

If you have any questions, please call Scott P. Long at (407) 343-5590 and he will be happy to help you.

Thank you,



Reece Laperna  
President