


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90063 029 \*\*\*150.00

<b>DOCUMENT # P05000048355</b>	
1. Entity Name <b>WOMEN'S COUNCIL OF REALTORS OSCEOLA COUNTY CHAPTER INC.</b>	

Principal Place of Business 931 W. OAK ST. STE 100 KISSIMMEE, FL 34741	Mailing Address 931 W. OAK ST. STE 100 KISSIMMEE, FL 34741
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2. Principal Place of Business - No P.O. Box # <b>908 Mabbette Street</b>	3. Mailing Address <b>908 Mabbette Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Kissimmee, Florida</b>	City & State <b>Kissimmee, Florida</b>
Zip <b>34741</b>	Zip <b>34741</b>
Country	Country

40050000



04282007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>VILLAZON, DANIEL</b> <b>419 WEST VINE ST.</b> <b>KISSIMMEE, FL 34741</b>	
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4. FEI Number <b>59-2330304</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAPERNA, REECE PO BX 420210 KISSIMMEE, FL 34742 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P William McCombs P.O. Box 420210 Kissimmee, Florida 34742 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCOMBS, BILL PO BX 420210 KISSIMMEE, FL 34742 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Roseanna Kinkead P.O. Box 420210 Kissimmee, Florida 34742 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSEBUD, KINKEAD PO BX 420210 KISSIMMEE, FL 34742 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Riva Alexander P.O. Box 420210 Kissimmee, Florida <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOCKE, BARBARA PO BX 420210 KISSIMMEE, FL 34742 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 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 like empowered.

SIGNATURE: <i>Barbara Locke</i>	<i>Barbara Locke</i>	<i>4/27/07</i>	<i>407-460-1100</i>
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR		Date	Daytime Phone #