

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000028441

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** WORD OF MOUTH NETWORKING AND REFERRALS, INC.

**Current Principal Place of Business:**

112 SWEETWATER HILLS DRIVE  
LONGWOOD,, FL 32779

**New Principal Place of Business:**

402 FOX VALLEY DRIVE  
LONGWOOD,, FL 32779

**Current Mailing Address:**

P.O. BOX 917544  
LONGWOOD,, FL 32791

**New Mailing Address:**

**FEI Number:** 74-3254719

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COSTA, PAMELA  
112 SWEETWATER HILLS DR  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

COSTA, PAMELA  
402 FOX VALLEY DRIVE  
LONGWOOD, FL 32779 US

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

04/28/2010

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COSTA, PAMELA  
Address: P.O. BOX 917544  
City-St-Zip: LONGWOOD, FL 32791

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAMELA COSTA

PRES

04/28/2010

Electronic Signature of Signing Officer or Director

Date