2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 23, 2006
Secretary of State

DOCUMENT# F99000006768

Entity Name: WOMB, INC. (WORLD OUTREACH MINISTRIES... BIRTHING VISIONS FOR THE NATIONS)

Current Principal Place of Business:

5250 NW 73 WAY
LAUDERHILL, FL 33319

New Principal Place of Business:

3074 MARTELLO DRIVE
MARGATE, FL 33063

Current Mailing Address:

5250 NW 73 WAY
LAUDERHILL, FL 33319

New Mailing Address:

3074 MARTELLO DRIVE
MARGATE, FL 33063

FEI Number: 58-1977023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

COLLYMORE, LEON
3074 MARTELLO DRIVE
MARGATE, FL 33063 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: LEON COLLYMORE

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COLLYMORE, LEON DR.
Address: 3074 MARTELLO DRIVE
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete
Name: RAMDASS, KEITH REV.
Address: PO BOX 3579
City-St-Zip: LA ROMAIN, TRINIDAD, WI

Title: S ( ) Delete
Name: LEE-BLACKMAN, HOLDA REV.
Address: 160 DECATUR STREET
City-St-Zip: BROOKLYN, NY 11233

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 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: LEON COLLYMORE P 09/23/2006

Electronic Signature of Signing Officer or Director — Date