

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M17583

FILED
Aug 31, 2006
Secretary of State

Entity Name: THE WISE WOMAN AND THE WISE GIRL, INC.

Current Principal Place of Business:

6700 SW 59 STREET
MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

CONNIE GRAVER
6700 SW 59 STREET
MIAMI, FL 33143 US

New Mailing Address:

FEI Number: 59-2562593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAVER, CONNIE
6700 SW 59 STREET
MIAMI, FL 33143 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: THORPE, DOROTHY,
Address: 2100 MEYERS DR
City-St-Zip: LAWRENCEVILLE, GA 30045

Title: ST () Delete
Name: THORPE, RALPH
Address: 2100 MEYERS DR
City-St-Zip: LAWRENCEVILLE, GA 30045

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: DOROTHY THORPE

DP

08/31/2006

Electronic Signature of Signing Officer or Director

Date