

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001127

FILED
Jan 16, 2006
Secretary of State

Entity Name: THE WORK-LIFE BALANCE INSTITUTE FOR WOMEN, INC.

Current Principal Place of Business:

2743 E. SUNRISE BLVD., STE. 512
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

2455 E. SUNRISE BLVD
SUITE 512
FORT LAUDERDALE, FL 33304

Current Mailing Address:

2743 E. SUNRISE BLVD., STE. 512
FORT LAUDERDALE, FL 33304

New Mailing Address:

2455 E. SUNRISE BLVD.
SUITE 512
FORT LAUDERDALE, FL 33304

FEI Number: 20-2302909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THROWER, CHRISTINE
2455 E. SUNRISE BLVD., STE. 512
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

LEVAN, SUSIE
2455 E. SUNRISE BLVD., STE. 512
FORT LAUDERDALE, FL 33304 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: SUSIE LEVAN

01/16/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEVAN, SUSIE
Address: P.O. BOX 8608
City-St-Zip: FT. LAUDERDALE, FL 33310

Title: D (X) Delete
Name: LEVAN, ALAN
Address: P.O. BOX 8608
City-St-Zip: FT. LAUDERDALE, FL 33310

Title: D (X) Delete
Name: THROWER, CHRISTINE
Address: P.O. BOX 8608
City-St-Zip: FT. LAUDERDALE, FL 33310

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: SUSIE LEVAN

D

01/16/2006

Electronic Signature of Signing Officer or Director

Date