FILED
Jan 16, 2007 8:00 am
Secretary of State
01-16-2007 90211 022 ****70.00

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N98000005185
1. Entity Name
WOMEN OF TOMORROW MENTOR AND SCHOLARSHIP
PROGRAM, INC.

Principal Place of Business
1220 COLLINS AVENUE STE 210
MIAMI BEACH, FL 33139

Mailing Address
PO BOX 191286
MIAMI BEACH, FL 33139

2. Principal Place of Business - No P.O. Box #
111 NE 1st Street
MIAMI, FL 33132

3. Mailing Address
111 NE 1st Street
MIAMI, FL 33132

4. FEI Number
65-0862995

5. Certificate of Status Desired
$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GREEN, JONATHAN
799 BRICKELL PLAZA STE 700
MIAMI, FL 33131

7. Name and Address of New Registered Agent

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 ____________________________
(Registration Agent signature required when registering)

DATE ________

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ $5.00 May Be Added to Fees
Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
<th>STREET ADDRESS</th>
<th>CITY-ST-ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>VALOPPI, JENNIFER V</td>
<td>111 NE 1st Street</td>
<td>MIAMI, FL 33132</td>
</tr>
<tr>
<td>D</td>
<td>BROWNE, DON</td>
<td>2290 WEST 8TH STREET</td>
<td>MIAMI, FL 33010</td>
</tr>
<tr>
<td>D</td>
<td>RUNDLE, KATHERINE F</td>
<td>1350 N 12TH AVENUE</td>
<td>MIAMI, FL 33125</td>
</tr>
<tr>
<td>D</td>
<td>FELDMAN, DONNA</td>
<td>771 SW 7TH AVENUE STE 104</td>
<td>MIAMI, FL 33135</td>
</tr>
<tr>
<td>D</td>
<td>SREBNIK, MARITA</td>
<td>545 NW 26 STREET</td>
<td>MIAMI, FL 33127</td>
</tr>
<tr>
<td>D</td>
<td>KREEGER, JUDITH</td>
<td>DUA CIR CT 175 NW 1 AVE RM 2114</td>
<td>MIAMI, FL 33126</td>
</tr>
</tbody>
</table>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
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<th>CITY-ST-ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>BETTY AMOS</td>
<td>2201 ORAL REEF DR , SUITE 107</td>
<td>MIAMI, FL 33137</td>
</tr>
<tr>
<td>D</td>
<td>MARISA TOCCHI</td>
<td>111 NE 1ST STREET, SUITE 912</td>
<td>MIAMI, FL 33132</td>
</tr>
<tr>
<td>D</td>
<td>DR. DIANE WALTER</td>
<td>311 KANE COURSE, SUITE 100</td>
<td>BAL HARBOUR ISLANDS, FL 33154</td>
</tr>
</tbody>
</table>

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 suplemental 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with written proxy empowered.

SIGNATURE: ____________________________
Date: __________
Daytime Phone #: __________