


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90025 042 ****61.65

DOCUMENT # 727618 1. Entity Name WOMEN OF THE STABLE, INC.	
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Principal Place of Business ST. MAURICE CATHOLIC CHURCH FT. LAUDERDALE FL 33312 US	Mailing Address 2851 STIRLING RD FT LAUDERDALE FL 33312 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Dania Beach, FL	City & State Dania Beach, FL
Zip 33312	Zip 33312
Country	Country

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MAINS, CLORINTA 5860 NW 64TH AVE #112 FORT LAUDERDALE FL 33319	7. Name and Address of New Registered Agent Name Paula McCoy Street Address (P.O. Box Number is Not Acceptable) 1016 N 13th Terrace City Hollywood FL Zip Code 33019
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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 PAULA MCCOY <small>Signature, typed or printed name of registered agent and title if applicable</small>	TREASURER 3/7/06 <small>(NOTE: Registered Agent signature required when substituting) DATE</small>

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUBIS, LISA 10741 CLEARY BLVD #202 PLANTATION FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 817 NW 12th Avenue Dania Beach, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O' CONNOR, EILEEN 1751 SW 32ND ST FORT LAUDERDALE FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAINS, CLORINTA 5860 NW 64TH AVE #112 FORT LAUDERDALE FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MCCOY, PAULA 1016 N. 13 TERR. HOLLYWOOD FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jennifer Kubis 817 NW 12th Avenue Dania Beach, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 all other like empowered.

SIGNATURE: **Paula McCoy** 3/7/06 854-921-5712