


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90022 030 \*\*\*\*70.00

<b>DOCUMENT # 763814</b>	
1. Entity Name <b>MOTHER'S WORKSHOP INCORPORATED</b>	

Principal Place of Business <b>THE HERALD COMMUNITY ROOM 2010 NW 150TH AVE PEMBROKE PINES, FL 33028 US</b>	Mailing Address <b>1978 NW 130 AVE PEMBROKE PINES, FL 33028 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>19008 NW 235T</b> Suite, Apt. #, etc.
City & State	City & State <b>Pembroke Pines FL.</b>
Zip	Country <b>U.S.</b>

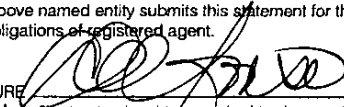


01302005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2804587</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>RIBAS, ELAINE 1978 NW 130 AVE PEMBROKE PINES, FL 33028</b>	7. Name and Address of New Registered Agent Name <b>Cary Alfonso</b> Street Address (P.O. Box Number is Not Acceptable) <b>19008 NW 235T</b> City <b>Pembroke Pines FL</b> Zip Code <b>33029</b>
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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.

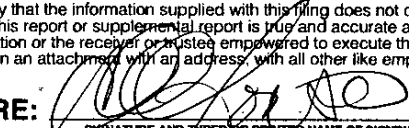
SIGNATURE  DATE **1/30/05**

(NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEER, CASSANDRA 18141 NW 18 STREET HOLLYWOOD, FL 33029 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Robyn Souza 838 Vista meadows Dr. Weston, FL 33327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD BELL, DENISE 2822 W ABIACA CIRCLE DAVIE, FL 33328 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bd. mbr. Kary Schwarz 18600 SW 116th Pines, FL 33029 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM STANSELL, DEBBIE 2130 NW 127TH AVE PEMBROKE PINES, FL 33028 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bd. mbr. Claudia Stokes 5357 SW 38ave Fort Lauderdale, FL 33312 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARRIETA, PAM 5114 MERRY DR LAKE WORTH, FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bd. mbr. Cheryl Notchier 5030 SW 195 terr. SW Ranches, FL 33332 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RIBAS, ELAINE 1978 NORTHWEST 130TH AVENUE PEMBROKE PINES, FL 33028 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Cary Alfonso 19008 NW 235T Pines, FL 33029 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemption stated in Section 119.07(3)(i), 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:  DATE **1/30/05** 954-430-0540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR