2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045866

Entity Name: THE WOMEN'S EDUCATION GROUP, LLC

4977A EQUESTRIAN CIRCLE

BOYNTON BEACH, FL 33436

Address:

City-St-Zip:

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4977A EQUESTRIAN CIRCLE BOYNTON BEACH, FL 33436 **Current Mailing Address: New Mailing Address:** 4977A EQUESTRIAN CIRCLE BOYNTON BEACH, FL 33436 FEI Number: 26-1621291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TANNE, MITCHELL 4977A ÉQUESTRIAN CIRCLE US BOYNTON BEACH, FL 33436 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete TANNE, EILEEN Name: Name: Address: 4977A EQUESTRIAN CIRCLE Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: TANNE, KAREN Name: Address: 4977A EQUESTRIAN CIRCLE Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition TANNE, MITCHELL Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Address:

City-St-Zip:

SIGNATURE: EILEEN TANNE MGR 04/27/2009