2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 07, 2011
Secretary of State

DOCUMENT# N00000000776

Entity Name: WOMANKIND, INC.

Current Principal Place of Business:

3142 NORTHSIDE DR. #101
SUITE 101
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

3142 NORTHSIDE DR. #101
SUITE 101
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 65-1003208 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROMANO, KIM
3142 NORTHSIDE DR. #101
SUITE 101
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: CHILDS, JANIS
Address: 3357 RIVIERA DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: VP
Name: FOWLER, PEARY
Address: 133 KEY HAVEN ROAD
City-St-Zip: KEY WEST, FL 33040

Title: S
Name: LEVY, ELISA
Address: 3723 CINDY AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: AD
Name: LANGAN, ELIZABETH L
Address: 1203 NEWTON STREET UNIT 1
City-St-Zip: KEY WEST, FL 33040 US

Title: T
Name: COLLEEN, QUIRK
Address: 50 PALMETTO DRIVE
City-St-Zip: KEY WEST, FL 33040 US

Title: ED
Name: KIM, ROMANO
Address: 1231 WASHINGSTON STREET
City-St-Zip: KEY WEST, FL 33040 US

I hereby 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 all other like empowered.

SIGNATURE: KIM ROMANO ED 03/07/2011

Electronic Signature of Signing Officer or Director — Date