
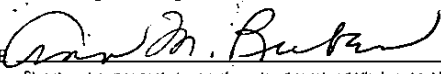


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90047 008 \*\*\*\*61.25

<b>DOCUMENT # N00000001230</b> 1. Entity Name <b>WOMEN ARE WONDERFUL FOUNDATION, INC.</b>			
Principal Place of Business <b>6585 KENSINGTON LANE - APT. 406 DELRAY BEACH FL 33446</b>		Mailing Address <b>6585 KENSINGTON LANE - APT. 406 DELRAY BEACH FL 33446</b>	
2. Principal Place of Business <b>6585 Kensington Lane</b> Suite, Apt. #, etc. <b>Apt 406</b> City & State <b>Delray Beach, FL</b> Zip <b>33446</b>		3. Mailing Address <b>6585 Kensington Lane</b> Suite, Apt. #, etc. <b>Apt 406</b> City & State <b>Delray Beach, FL</b> Zip <b>33446</b>	
4. FEI Number <b>65-1000780</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>RUBEN, ANN M</b> <b>1899 SIRIUS LANE</b> <b>FORT LAUDERDALE FL 33327</b> <b>6585 Kensington Lane</b> <b>Apt. 406</b> <b>Delray Beach, FL 33446</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b>		Zip Code	
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  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</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>		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUBEN, ANN 1899 SIRIUS LANE WESTON FL 33327-2215	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBEN, MARCY/RICHARD 11737 SW 107TH TERRACE MIAMI FL 33186	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBEN, ANN/ DAVID 1647 ISLAND WAY WESTON FL 33326	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	276 River Ranch Rd. Edwards, CO 81632	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: Ann M. Ruben - President 1/28/06 561-498-0676