2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007
Secretary of State

DOCUMENT# N00000003298

Entity Name: WOMEN'S JOURNEY, INC.

Current Principal Place of Business:

4390 N FEDERAL HWY, SUITE 215
FT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

4390 N FEDERAL HWY, SUITE 215
FT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 65-1018180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, ANN M
4390 N FEDERAL HWY, SUITE 215
FT LAUDERDALE, FL 33308 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:	DT	( ) Delete
Name:	DAVIDSON, MAGGIE	
Address:	750 PINE DR, APT 11	
City-St-Zip:	POMPANO BEACH, FL 33060	
Title:	D	( ) Delete
Name:	ROSE, SHARON	
Address:	8161 N UNIVERSITY DR #7	
City-St-Zip:	TAMARAC, FL 33321	
Title:	DP	( ) Delete
Name:	LEWIS, ANN	
Address:	4390 N FEDERAL HWY #215	
City-St-Zip:	FORT LAUDERDALE, FL 33308	
Title:	D	( ) Delete
Name:	HART, BRENDA	
Address:	1502 ARTHUR STREET	
City-St-Zip:	HOLLYWOOD, FL 33020	
Title:	D	( ) Delete
Name:	YOUNG, BETTY	
Address:	2000 S. OCEAN LANE #13	
City-St-Zip:	FORT LAUDERDALE, FL 33316	
Title:	D	( ) Delete
Name:	WISNIEWSKI, LINDA	
Address:	10821 NW 7 COURT	
City-St-Zip:	PLANTATION, FL 33324	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DV	(X) Change ( ) Addition
Name:	ROSE, SHARON	
Address:	2701 RIVERSIDE DRIVE, APT B311	
City-St-Zip:	CORAL SPRINGS, FL 33065	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DS	(X) Change ( ) Addition
Name:	HART, BRENDA	
Address:	10153 W. ATLANTIC BLVD	
City-St-Zip:	CORAL SPRINGS, FL 33071	
Title:	D	(X) Change ( ) Addition
Name:	MCBRIDE, JOANI	
Address:	2520 N. ANDREWS AVE, APT 302	
City-St-Zip:	WILTON MANORS, FL 33311	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MAGGIE DAVIDSON DT 01/18/2007

Electronic Signature of Signing Officer or Director — Date