2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2006
Secretary of State

DOCUMENT# N01000002175

Entity Name: WOMEN AT REST INC.

Current Principal Place of Business:

12867 - 164TH COURT NORTH
JUPITER, FL 33478

New Principal Place of Business:

Current Mailing Address:

12867 - 164TH COURT NORTH
JUPITER, FL 33478

New Mailing Address:

FEI Number: 65-1092255 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELLMAN, SANDY
12867 - 164TH COURT NORTH
JUPITER, FL 33478 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:	PD	( ) Delete
Name:	WELLMAN, SANDY	
Address:	12867 - 164TH COURT NORTH	
City-St-Zip:	JUPITER, FL 33478	
Title:	D	( ) Delete
Name:	SCHIESS, JULIE	
Address:	9173 REED DRIVE	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	SD	( ) Delete
Name:	AARON, LISA	
Address:	915 CHIPPEWA STREET	
City-St-Zip:	JUPITER, FL 33458	
Title:	D	( ) Delete
Name:	HENINGER, BETTY	
Address:	941 SW MCCALL ROAD	
City-St-Zip:	PORT ST. LUCIE, FL 34953	
Title:	D	( ) Delete
Name:	DAVIDSON, COLLEEN	
Address:	2415 KALCH CT	
City-St-Zip:	OCOEE, FL 34761	
Title:	D	( ) Delete
Name:	FOUKE, KIM	
Address:	333 KINGFISHER DR.	
City-St-Zip:	JUPITER, FL 33458 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: SANDY WELLMAN PD 01/22/2006

Electronic Signature of Signing Officer or Director — Date