2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004
Secretary of State

DOCUMENT# N01000007853

Entity Name: WOMEN IN DISTRESS, INC.

Current Principal Place of Business:

224 DATURA STREET
SUITE 410
WEST PALM BEACH, FL 33401

New Principal Place of Business:

224 DATURA STREET
SUITE 405
WEST PALM BEACH, FL 33401

Current Mailing Address:

224 DATURA STREET
SUITE 410
WEST PALM BEACH, FL 33401

New Mailing Address:

224 DATURA STREET
SUITE 405
WEST PALM BEACH, FL 33401

FEI Number: 74-3020692 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAVAGE, GINA
224 DATURA STREET
SUITE 410
WEST PALM BEACH, FL 33401

Name and Address of New Registered Agent:

SAVAGE, GINA
224 DATURA STREET
SUITE 405
WEST PALM BEACH, FL 33401

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: _____ 03/31/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SAVAGE, GINA
Address: 7547 EDISTO DR.
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete
Name: SAVAGE, MICHALELJOHN
Address: 7547 EDISTO DR.
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete
Name: VERNON, HELENE
Address: 4110 NW 58 STREET
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SAVAGE, GINA
Address: 224 DATURA STREET, STE 405
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D (X) Change ( ) Addition
Name: SAVAGE, MICHALELJOHN
Address: 224 DATURA STREET, STE 405
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D (X) Change ( ) Addition
Name: VERNON, HELENE
Address: 224 DATURA STREET, STE 405
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GINA SAVAGE D 03/31/2004
Electronic Signature of Signing Officer or Director — Date