


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

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|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # N02000002700 1. Entity Name WOMEN OF WELLINGTON, INC. |  |
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| Principal Place of Business 208 WELLINGTON F W PALM BCH, FL 33417 | Mailing Address 208 WELLINGTON F W PALM BCH, FL 33417 |
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DO NOT WRITE IN THIS SPACE



01062008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 04-3667991 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SOHNEN, BELLA 208 WELLINGTON F W PALM BCH, FL 33417 |
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IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

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|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000810133 02/08/08-80053-001 61.25 |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|--------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RYAN, JUDITH 208 WELLINGTON F W PALM BCH, FL 33417 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD VELCOFF, LENORE 208 WELLINGTON F W PALM BCH, FL 33417 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SHOVELTON, CAROLL 307 WELLINGTON D WEST PALM BEACH, FL 33417 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SOHNEN, BELLA 208 WELLINGTON F W PALM BCH, FL 33417 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MARX, MARJORIE 308 WELLINGTON A WEST PALM BEACH, FL 33417 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Bella Sohren 1/23/08 561-640-8457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #