


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000006383	
1. Entity Name WOMEN OF INTEGRITY INC	

Principal Place of Business 972 WEST HALLANDALE BEACH BLVD HALLANDALE, FL 33009	Mailing Address 972 W HALLANDALE BEACH BLVD. HALLANDALE, FL 33009
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DO NOT WRITE IN THIS SPACE



03212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 54-2104121	Applied For <input type="checkbox"/> Not Applicable
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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 MARSHALL, CAROLYN 972 WEST HALLANDALE BEACH BLVD HALLANDALE, FL 33009	DO NOT WRITE IN THIS SPACE
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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</small>	(NOTE: Registered Agent signature required when reinstating)	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	000000879503 04/15/08-80023-021 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOODEN, JEANNE 5475 HWY 90 E MARIANNA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD BLACK, NELLIE MAE 2712 POPULAR SPRING RD. MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD ROGERS, SOPHIA 11050 SW 197 ST., APT. 208C MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD WILLIS, MILDRED 10745 SW 274 ST. MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARSHALL, CAROLYN 3460 SW 143RD AVE. MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 	\$31-05
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>