

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008260

FILED
Apr 30, 2006
Secretary of State

Entity Name: THE OUTER WOMB, INC.

Current Principal Place of Business:

5214 SW 91ST AVE
#6
COOPER CITY, FL 33328

New Principal Place of Business:

Current Mailing Address:

5214 SW 91ST AVE
#6
COOPER CITY, FL 33328

New Mailing Address:

FEI Number: 74-3103742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAKE, MONIQUE
5214 SW 91ST AVE
#6
COOPER CITY, FL 33328 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: D () Delete
Name: ARMSTRONG, DA-VENYA
Address: 8611 NW 16TH ST.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: PRICE, ANNA
Address: 5880 SW 66TH ST.
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: BLAKE, MONIQUE
Address: 5214 SW 91ST AVE., #6
City-St-Zip: COOPER CITY, FL 33328

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:

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: MONIQUE P. BLAKE

D

04/30/2006

Electronic Signature of Signing Officer or Director

Date