2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000586

FILED Feb 05, 2006 Secretary of State

Entity Name: TOTAL WOMAN IMPACT MINISTRIES INC.

Current Principal Place of Business: New Principal Place of Business:

4615 NW 41 STREET
LAUDERDALE LAKES, FL 33319

11 REDWOOD CIRCLE
PLANTATION, FL 33317

Current Mailing Address: New Mailing Address:

4615 NW 41 STREET
LAUDERDALE LAKES, FL 33319

11 REDWOOD CIRCLE
PLANTATION, FL 33317

FEI Number: 83-0401867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCBRIDE, ALTHERIA
4615 NW 41 STREET
LAUDERDALE LAKES, FL 33319 US

MCBRIDE, ALTHERIA
11 REDWOOD CIRCLE
PLANTATION, FL 33317 US

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

in the State of Florida.

SIGNATURE: ALTHERIA MCBRIDE 02/05/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: MCBRIDE, ALTHERIA Name: MCBRIDE, ALTHERIA

Address: 4615 NW 41 STREET Address: 11 REDWOOD CIRCLE
City-St-Zip: LAUDERDALE LAKES, FL 33319 City-St-Zip: PLANTATION, FL 33317

Title: VP () Delete Title: VP (X) Change () Addition

Name:MCBRIDE, WILLIE JName:MCBRIDE, WILLIE JAddress:4615 NW 41 STREETAddress:11 REDWOOD CIRCLECity-St-Zip:LAUDERDALE LAKES, FL 33319City-St-Zip:PLANTATION, FL 33317

Title: SECT () Delete Title: () Change () Addition

 Name:
 BOZEMAN, MARILYN
 Name:

 Address:
 1012 NW 11 PLACE
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33311
 City-St-Zip:

Title: TRES () Delete Title: () Change () Addition

 Name:
 SCURLOCK, CASSANDRA
 Name:

 Address:
 1460NW 2ND STREET APT A202
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33311
 City-St-Zip:

Title: ADVI (X) Delete Title: () Change () Addition

 Name:
 CAMMOCK, BERNICES
 Name:

 Address:
 1700 SW 87TH TERRACE
 Address:

 City-St-Zip:
 MIRAMAR, FL 33025
 City-St-Zip:

Title: ADVI () Delete Title: () Change () Addition

 Name:
 HILL, BETTY
 Name:

 Address:
 P.O. BOX 647
 Address:

 City-St-Zip:
 LAKE WALES, FL 33859
 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: CASSANDRA SCURLOCK TRES 02/05/2006

Electronic Signature of Signing Officer or Director

Date