2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0400 1. Entity Name WOMEN'S REAL TALK & EMI INC. A WENCE — N Principal Place of Business 2247 NW 77 TER PEMBROKE PINES, FL 33024 2. Principal Place of Business Suite, Apt. #, etc. City & State	-	closed	05 MAY -3 M 10: 39 SECRETARY OF STATE FALL ATTACKEE, FI CF22. 04192005 Chg-NP CR2E037 (10/03) 4. FEI Number 73-/70/38/ Not Applied For	
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	ые
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
WILLIAMS, LAURNA 7161 PEMBROKE RD #600 PEMBROKE PINES, FL 33023		Name Street Ad	doress (P.O. Box Number is Not Asceptation 7 Tev.	
		City C	Dembroke Pines FL 33024	د
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 Signature, typed or puried name of registered agent and tile 4 applicable. (NOTE: Registered Agent signature required when renstating) Filling Fee Is \$61.25 9. Election Campaign Financing \$5.00 Make check payable to				
Due by May 1, 2005 Trust Fund Contribution.			Added to Fees Florida Department of State	
10. OFFICER: TITLE	S AND DIRECTORS Delete 33024	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Additional Additional Change Additional Change Additional Change Chang	ition
TITLE	33024	TITLE NAME STREET ADDRESS CITY-S1-ZIP	VP, TJessica Hall Change Madri 2247 N.W. 77 Ter. Rembroke Pines, FL33024	noit.
TITLE V NAME LEE, LAVERNA STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33027	TQ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ノ □ Change □ Addi 700054027177	
TITLE S JACKSON-ANDERSON STREET ADDRESS 777 NW 155 LN #522 MIAMI, FL 33169	LAVERN	TITLE NAME STREET ADDRESS CITY-ST-ZIP	05/09/0501001004 ***65kmg25 □ Addi	ition
TITLE S MCNEIL-HOWARD, RU STREET ADDRESS 150 SW 134 WAY CONI	OO R-130 NEW HAMPTON	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addil	tion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP	☐ Change ☐ Addi	
12. I hereby certify that the information supplied with this filling does not qualify 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 courage 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 this see 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:				

T. lowis