


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000004310</b>	
1. Entity Name <b>WOMEN'S REAL TALK AND EMPOWERMENT MENTORING, INC.</b>	

Principal Place of Business <b>2247 NW 77 TER PEMBROKE PINES, FL 33024</b>	Mailing Address <b>P.O. BOX 840933 PEMBROKE PINES, FL 33084</b>
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04272006 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>73-1701381</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HALL, LUCIOUS 2247 N.W. 77 TER. PEMBROKE PINES, FL 33024</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PCEO HALL, BETSY 2247 NW 77 TER PEMBROKE PINES, FL 33024</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPT HALL, JESSICA 2247 NW 77 TER PEMBROKE PINES, FL 33024</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S MCNEIL-HOWARD, RUTH 150 SW 134 WAY CONDO R-130 NEW HAMPTON PEMBROKE PINES, FL 33027</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/12/06-80070-003 70.00

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **4-27-06 (305)308-8104**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #