2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# N04000008576

Entity Name: WOMEN AND WELFARE, INC.

Current Principal Place of Business:

7740 BECKHAM CT
MANASSAS, VA 20111

New Principal Place of Business:

Current Mailing Address:

7740 BECKHAM CT
MANASSA, VA 20111

New Mailing Address:

7740 BECKHAM CT
MANASSAS, VA 20111

FEI Number: 04-3610611 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BELL, ROBBIE
3301 NE 5TH AVENUE
#711
MIAMI, FL 33137 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: BELL, ROBBIE
Address: 3301 NE 5TH AVENUE #711
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete
Name: HALL-SPRAGUE, KIM
Address: 124 WEINMANNS BOULEVARD #2
City-St-Zip: WAYNE, NJ 074002856

Title: D ( ) Delete
Name: PHILLIPS-FARR, JACQUELINE
Address: 35 SEVENTH STREET
City-St-Zip: MANASSAS, VA 20111

Title: D ( ) Delete
Name: WHITE, ANGELA B
Address: 7740 BECKHAM COURT
City-St-Zip: MANASSAS, VA 20111

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ANGELA B WHITE D 04/21/2008

Electronic Signature of Signing Officer or Director — Date