2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N04000010359

Entity Name: WOMEN OF HEALTH OCCUPATIONS PROMOTING EDUCATION, INC.

Current Principal Place of Business:

C/O GUNSTER, YOAKLEY & STEWART, P.A.
2 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

C/O GUNSTER, YOAKLEY & STEWART, P.A.
2 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-1966743 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VALDES-FAULI CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BOULEVARD
SUITE 3400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

GY CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BOULEVARD
SUITE 3400
MIAMI, FL 33131 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.

SIGNATURE: GY CORPORATE SERVICES, INC. 05/01/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ANDERSON-WORTS, PAULA
Address: 11160 MINNEAPOLIS DRIVE
City-St-Zip: COOPER CITY, FL 33026

Title: D ( ) Delete
Name: PETTEWAY-TYLER, ANITA
Address: 19410 S.W. 17TH CT.
City-St-Zip: MIRAMAR, FL 33029

Title: D ( ) Delete
Name: DEVEAUX, CORLETTE
Address: 16 DALLAND RD
City-St-Zip: SUCCASUNNA, NJ 07876

Title: D ( ) Delete
Name: POWELL, MICHELLE
Address: 40 N.E. 211TH ST.
City-St-Zip: MIAMI, FL 33179

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 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: PAULA ANDERSON-WORTS D 05/01/2006
Electronic Signature of Signing Officer or Director — Date