2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000012039

Entity Name: WOMEN AND CHILDREN IN CRISIS, INC.

FILED Feb 08, 2006 Secretary of State

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

2158 WEST ATLANTIC AVENUE 2106 WEST ATLANTIC AVENUE DELRAY BEACH, FL 33445

DELRAY BEACH, FL 33445

Current Mailing Address: New Mailing Address:

2158 WEST ATLANTIC AVENUE 2106 WEST ATLANTIC AVENUE DELRAY BEACH, FL 33445

DELRAY BEACH, FL 33445

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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: Name and Address of New Registered Agent:

PAYING IT FORWARD, INC.
2158 WEST ATLANTIC
2106 WEST ATLANTIC AVE.
17
DELRAY BEACH, FL 33445 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: MONIKA MARTIN 02/08/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P () Delete Title: P (X) Change () Addition

 Name:
 OWEN, JULIA M
 Name:
 MARTIN, MONIKA D

 Address:
 5183 JOG LN.
 Address:
 5337 CEDAR LAKE RD #11-32

City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: BOYNTON BEACH, FL 33445

Title: VP () Delete Title: VP (X) Change () Addition Name: MARTIN, MONIKA Name: OWEN, JULIA M Address: 5187 TENNIS LN. Address: 5183 JOG LN

City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: DELRAY BEACH, FL 33484

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: MONIKA MARTIN P 02/08/2006