

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001127

FILED  
Jan 16, 2006  
Secretary of State

**Entity Name:** THE WORK-LIFE BALANCE INSTITUTE FOR WOMEN, INC.

**Current Principal Place of Business:**

2743 E. SUNRISE BLVD., STE. 512  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

2455 E. SUNRISE BLVD  
SUITE 512  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

2743 E. SUNRISE BLVD., STE. 512  
FORT LAUDERDALE, FL 33304

**New Mailing Address:**

2455 E. SUNRISE BLVD.  
SUITE 512  
FORT LAUDERDALE, FL 33304

**FEI Number:** 20-2302909

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THROWER, CHRISTINE  
2455 E. SUNRISE BLVD., STE. 512  
FORT LAUDERDALE, FL 33304 US

**Name and Address of New Registered Agent:**

LEVAN, SUSIE  
2455 E. SUNRISE BLVD., STE. 512  
FORT LAUDERDALE, FL 33304 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: SUSIE LEVAN

01/16/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LEVAN, SUSIE  
Address: P.O. BOX 8608  
City-St-Zip: FT. LAUDERDALE, FL 33310

Title: D (X) Delete  
Name: LEVAN, ALAN  
Address: P.O. BOX 8608  
City-St-Zip: FT. LAUDERDALE, FL 33310

Title: D (X) Delete  
Name: THROWER, CHRISTINE  
Address: P.O. BOX 8608  
City-St-Zip: FT. LAUDERDALE, FL 33310

**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:

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: SUSIE LEVAN

D

01/16/2006

Electronic Signature of Signing Officer or Director

Date