2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05530

FILED Feb 01, 2005 Secretary of State

Entity Name: THE MOTHERS' CONNECTION, INC.

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

13301 ELLISON WILSON RD P O BOX 32305

NORTH PALM BEACH, FL 33408 US PALM BCH GARDENS, FL 33420 US

Current Mailing Address: New Mailing Address:

P O BOX 32305

PALM BCH GARDENS, FL 33420 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

FORDYCE, MELANIE BIEBER, CHRISTINA

345 NOTTINGHAM 2395 SNUG HARBOR DRIVE

WEST PALM BEACH, FL 33405 US PALM BCH GARDENS, FL 33410 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: CHRISTINA BIEBER 02/01/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: CP () Delete Title: MC (X) Change () Addition

Name:FORDYCE, MELANIEName:BIEBER, CHRISTINAAddress:345 NOTTINGHAMAddress:2395 SNUG HARBOR DRIVECity-St-Zip:WEST PALM BEACH, FL 33405City-St-Zip:PALM BEACH GARDENS, FL 33410

Title: CP () Delete Title: SC (X) Change () Addition

Title: CF () Delete Title: SC (A) Change () Add
Name: ABRAMOWITZ, ANDREA Name: ANDREWS, KATIE
Address: 492 | FAF DRIVF Address: 16669 131ST WAY N

 Address:
 492 LEAF DRIVE
 Address:
 16669 131ST WAY N

 City-St-Zip:
 PALM BEACH GARDENS, FL 33410
 City-St-Zip:
 JUPITER, FL 33478

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KATIE M. ANDREWS SC 02/01/2005