

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05530

FILED  
Jan 27, 2006  
Secretary of State

**Entity Name:** THE MOTHERS' CONNECTION, INC.

**Current Principal Place of Business:**

P O BOX 32305  
PALM BCH GARDENS, FL 33420 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 32305  
PALM BCH GARDENS, FL 33420 US

**New Mailing Address:**

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

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

BIEBER, CHRISTINA  
2395 SNUG HARBOR DRIVE  
PALM BCH GARDENS, FL 33410 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: MC ( ) Delete  
Name: BIEBER, CHRISTINA  
Address: 2395 SNUG HARBOR DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SC ( ) Delete  
Name: ANDREWS, KATIE  
Address: 16669 131ST WAY N  
City-St-Zip: JUPITER, FL 33478

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TR (X) Change ( ) Addition  
Name: BIEBER, CHRISTINA  
Address: 2395 SNUG HARBOR DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MC (X) Change ( ) Addition  
Name: ANDREWS, KATIE  
Address: 16669 131ST WAY N  
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 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: KATIE M. ANDREWS

MC

01/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date