

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007836

FILED
Apr 23, 2008
Secretary of State

Entity Name: WOMEN GROW STRONG, INC.

Current Principal Place of Business:

975 NORTH MIAMI BCH BLVD
NORTH MIAMI BCH, FL 33162

New Principal Place of Business:

975 NORTH MIAMI BEACH BLVD
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

975 NORTH MIAMI BCH BLVD
NORTH MIAMI BCH, FL 33162

New Mailing Address:

975 NORTH MIAMI BEACH BLVD
NORTH MIAMI BEACH, FL 33162

FEI Number: 26-0680683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORRIS, COLIN
975 NORTH MIAMI BCH BLVD
NORTH MIAMI BCH, FL 33162 US

Name and Address of New Registered Agent:

MORRIS, COLIN
975 NORTH MIAMI BEACH BLVD
NORTH MIAMI BEACH, FL 33162 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:

04/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORRIS, BERNADETTE
Address: 975 NORTH MIAMI BCH BLVD
City-St-Zip: NORTH MIAMI BCH, FL 33162

Title: VPS () Delete
Name: MORRIS, COLIN
Address: 975 NORTH MIAMI BCH BLVD
City-St-Zip: NORTH MIAMI BCH, FL 33162

Title: D () Delete
Name: ALLEN, PATRICIA
Address: 975 NORTH MIAMI BCH BLVD
City-St-Zip: NORTH MIAMI BCH, FL 33162

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 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: COLIN MORRIS

VPS

04/23/2008

Electronic Signature of Signing Officer or Director

Date