
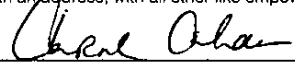


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90011 004 ****61.25

DOCUMENT # N35922 1. Entity Name WOMEN'S EMERGENCY NETWORK, INC.					
Principal Place of Business 1234 S. DIXIE HWY., #312 CORAL GABLES, FL 33146			Mailing Address 1234 S. DIXIE HWY., #312 CORAL GABLES, FL 33146		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2985791	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of Now Registered Agent	
COHAN, CAROL 3939 LEAFY WAY MIAMI, FL 33133				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD/D COHAN, CAROL 1234 S. DIXIE HWY #312 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director Carol Cohan	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELKIN, KAREN 1234 S. DIXIE HWY #312 CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Board Chair/D Betty Morrow 1234 S. DIXIE HWY #312 Coral Gables, FL 33146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MORROW, BETTY 1234 S. DIXIE HWY #312 CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Chair/D Luba Dewitt 1234 S. DIXIE HWY #312 Coral Gables, FL 33146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELLISON, JANET 1234 S. DIXIE HWY #312 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D CHANEY, DOROTHY 1234 S. DIXIE HWY #312 CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Lindsay Smith 1234 S. DIXIE HWY #312 Coral Gables, FL 33146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE/D DEWITT, LUBA 1234 S. DIXIE HWY #312 CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Chair Elect Karen Elkin 1234 S. DIXIE HWY #312 Coral Gables, FL 33146	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			3/2/06 305-446-1910		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		