


2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90102 034 \*\*\*\*61.25

<b>DOCUMENT # N96000006482</b> 1. Entity Name WOMEN FOR EXCELLENCE, INC.					
Principal Place of Business P.O. BOX 810051 BOCA RATON, FL 33481-0051			Mailing Address P.O. BOX 810051 BOCA RATON, FL 33481-0051		
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 65-0736619	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STINE, BRENDA L 6589 BURNING WOOD DR BOCA RATON, FL 33433			Name Barbara Manus Street Address (P.O. Box Number is Not Acceptable) 4498 NW 26th St. City Boca Raton, FL Zip Code 33434		
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 <i>Barbara Manus</i> Signature, typed or printed name of registered agent and title if applicable		Barbara Manus		7/20/05 Date	
Filing Fee is \$61.25 Due by September 7, 2005		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	P SALTZMAN, TAMMY 2000 GLADES ROAD, #110 BOCA RATON, FL 33431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STINE, BRENDA 6589 BURNING WOOD DR #171 BOCA RATON, FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D Treasurer Laura L. Rummans, Esq. 222 Lakeview Ave., Suite 800 West Palm Beach, FL 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PERRY, ANITA 5951 WELLESLEY PARK DR #608 BOCA RATON, FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D Secretary Elaine Weinberg 5100 Town Center, 6th Floor Boca Raton, FL 33486	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TURNER, TONYA 350 CAMINO GARDENS BLVD., #301 BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D VP President Elaine Russell 405 SE Mizner Blvd. Boca Raton, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIAZZA, CHRISY 9705C BOCA GARDENS CIR N BOCA RATON, FL 33496		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANUS, BARBARA 4498 NW 26 ST BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Laura L. Rummans</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Laura L. Rummans, Esq., Treasurer			7/20/05 (561)838-4516 Date Daytime Phone #		

50057517



07202005 Chg-NP CR2E037 (10/03)



ATTACHMENT

#N96000006482  
500575-17

222 LAKEVIEW AVENUE  
SUITE 800  
WEST PALM BEACH, FLORIDA 33401-6112

(561) 838-4516  
FAX: (561) 514-3416  
LAURA.RUMMANS@RUDEN.COM

July 20, 2005

Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

RE: Women for Excellence Annual Report

Dear Sir or Madam:

Enclosed is the 2005 Annual Report for the above-referenced Florida Corporation, indicating a change of Registered Agent, along with the filing fee of \$61.25.

Please return all correspondence concerning this matter to me at the address as it appears on this letterhead. For further information, you may contact me at (561) 838-4516.

Thank you for your cooperation in this regard.

Sincerely,

A handwritten signature in black ink, appearing to be "Laura L. Rummans", written over a horizontal line.

Laura L. Rummans

LLR/wg  
Enc.