

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90036 003 \*\*\*\*70.00

<b>DOCUMENT # N96000006482</b>					
<b>1. Entity Name</b> WOMEN FOR EXCELLENCE, INC.					
<b>Principal Place of Business</b> P.O. BOX 810051 BOCA RATON, FL 33481-0051			<b>Mailing Address</b> P.O. BOX 810051 BOCA RATON, FL 33481-0051		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-0736619	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>			
MANUS, BARBARA 4498 NW 26TH STREET BOCA RATON, FL 33434		Name <u>Barbara Manus</u> Street Address (P.O. Box Number is Not Acceptable) <u>900 Mercantile Bank</u> <u>21845 Powerline Rd</u> City <u>Boca Raton</u> <b>FL</b> Zip Code <u>33433</u>			
<b>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.</b>					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>4/10/06</u>	
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> P <b>NAME</b> SALTZMAN, TAMMY <b>STREET ADDRESS</b> 2000 GLADES ROAD, #110 <b>CITY-ST-ZIP</b> BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> DT <b>NAME</b> RUMMASN, ESQ., LAURA L. <b>STREET ADDRESS</b> 222 LAKEVIEW AVE., SUITE 800 <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> DS <b>NAME</b> WEINBERG, ELAINE <b>STREET ADDRESS</b> 5100 TOWN CENTER, 6TH FLOOR <b>CITY-ST-ZIP</b> BOCA RATON, FL 33486	<input type="checkbox"/> Delete				
<b>TITLE</b> DVP <b>NAME</b> RUSSELL, ELAINE <b>STREET ADDRESS</b> 605 SE MIZNER BLVD <b>CITY-ST-ZIP</b> BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> MANUS, BARBARA <b>STREET ADDRESS</b> 4498 NW 26 ST <b>CITY-ST-ZIP</b> BOCA RATON, FL 33434	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> President <b>NAME</b> Elaine Russell <b>STREET ADDRESS</b> 405 SE Mizner Blvd. <b>CITY-ST-ZIP</b> Boca Raton FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> VP <b>NAME</b> Elaine Weinberg <b>STREET ADDRESS</b> 3100 Town Center Circle Tour II 6 <b>CITY-ST-ZIP</b> Boca Raton FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> DTreasurer <b>NAME</b> Katherine Van Bracklin <b>STREET ADDRESS</b> 21845 Powerline Rd <b>CITY-ST-ZIP</b> Boca Raton FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> D Secretary <b>NAME</b> Susan Brotman <b>STREET ADDRESS</b> 2424 N. Federal Highway <b>CITY-ST-ZIP</b> Boca Raton FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b>		Date <u>4/10/06</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>			