07061999-90001-001-$61.25-$61.25

ANNUAL REPORT
1999

Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV -3 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004261

1. Corporation Name
WOMAN TO WOMAN MOTHERS OF CREATION INC.

Principal Place of Business	Mailing Address
P.O. BOX 4645 HOLLYWOOD FL 33083	P.O. BOX 4645 HOLLYWOOD FL 33083

7/6/99 90001 001 $61.25

2. Principal Place of Business 21	2a. Mailing Address 26 6151 MIRAMAR PKWY #	3. Date Incorporated or Qualified 07/23/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 # 207	4. FEI Number 65-0871650 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 MIRAMAR FLORIDA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 25	Zip / Country 29 33023 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MCKENZIE, MARSEILLES
4760 S.W. 153 TERR.
MIRAMAR FL 33027

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/DIRECTOR MARSEILLES MCKENZIE 4760 SW 153 TERR MIRAMAR FL 33027 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRES./DIRECTOR LEONTYNE JOHNSON 1530 NE 149th St. N. MIAMI, FL 33161 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MALI TESFA / DIRECTOR 6700 NW 27TH ST. FT. LAUDERDALE, FL 33313 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY / TRUSTEE SHELLY ANNE PARRIS 880 NE 207 TERR #202 MIAMI FL 33179 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marseilles McKenzie 6/30/99 954 442-5814
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/96)

KE