

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90039 015 ****61.25

DOCUMENT # N98000004456 1. Entity Name WOMEN'S BUSINESS DEVELOPMENT CENTER, INC.					
Principal Place of Business 11205 SOUTH DIXIE HIGHWAY SUITE 101 PINECREST, FL 33156			Mailing Address 11205 SOUTH DIXIE HIGHWAY SUITE 101 PINECREST, FL 33156		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0888472	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ALLEN, NANCY A 11205 S. DIXIE HIGHWAY SUITE 101 MIAMI, FL 33156				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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)</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 ALLEN, NANCY A 10325 N.W. 46TH STREET MIAMI, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Hightower, Dana 2900 Corporate Way, SBE office, Ste. #117 Miramar, FL 33025-3925
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHANEY, DOROTHY 1129 NW 105 ST. MIAMI, FL 33150	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Francis, Shari 2200 Old Germantown Road Delray Beach, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMANI, BARBARA 8750 DORAL BLVD, MS7C MIAMI, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Racquel Ritch-Reddie 2770 W. Hillsborough Avenue Tampa, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BALLOU, ROBERT M 2200 OLD GERMANTOWN RD DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lestie Saunders 1535 N. Dale Mabry Lutz, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANEY, DOROTHY 1129 NW 105 COURT MIAMI, FL 33150	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Floyd, LaRae 303 N.E. 17 Street #308 Ft. Lauderdale, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, NANCY A 10325 NW 46 STREET MIAMI, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harris, Althea 100 S. Biscayne Blvd., 7th Floor Miami FL 33131
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: <i>[Signature]</i>				1/10/06 355 971-9473	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

ATTACHMENT

40006562

Additional Board of Directors:

DT

Ballou, Robert M
2200 Old Germantown Road
Delray Beach, FL 33445

D

Dodds, Audric
1555 Palm Beach Lakes Blvd.
West Palm Beach, FL 33401

D

Tudela, Priscilla
6750 North Andrews Avenue, Ste. 400
Ft. Lauderdale, 33309