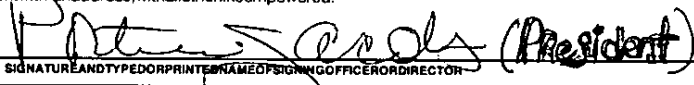


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90198 004 ****70.00

DOCUMENT# N99000005570 1. EntityName WOMEN-N-BLUE,INC.					
PrincipalPlaceofBusiness 3453CHARLES AVE. COCONUTGROVE,FL33133				MailingAddress 3453CHARLES AVE. COCONUTGROVE,FL33133	
2. PrincipalPlaceofBusiness		3. MailingAddress		 04212005 Chg-NP CR2E037 (10/03)	
Suite,Apt.#,etc.		Suite,Apt.#,etc.			
City&State		City&State			
Zip	Country	Zip	Country		
4. FEINumber 65-0947321				AppliedFor ☐ NotApplicable	
5. CertificateofStatusDesired				☒ \$8.75 Additional FeeRequired	
6. NameandAddressofCurrentRegisteredAgent WILSON,TARENA 3290NW172NDTERR. MIAMI,FL33056				7. NameandAddressofNewRegisteredAgent Name StreetAddress (P.O.BoxNumberisNotAcceptable) City FL ZipCode	
8. Theabovenamedentitysubmits thisstatementfor thepurposeof changingitsregisteredofficeorregisteredagent,orboth, intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agents signature required when re-instating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. ElectionCampaignFinancing TrustFundContribution. ☐		\$5.00 MayBe AddedtoFees	
Make check payable to Florida Department of State					
10. OFFICERSANDDIRECTORS			11. ADDITIONS/CHANGES TO OFFICERSANDDIRECTORS IN 10		
TITLE NAME STREETADDRESS CITY-ST-ZIP	PD JACOBS,PORTIAY 3453CHARLES AVE. COCONUTGROVE,FL33133	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	"C" JACOBS SR., Edward 3453 CHARLES AVE Coconut Grove, FL 33133	☐ Change ☒ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	D/T/S WILSON,TARENA 3290NW172NDTERR. MIAMI,FL33056	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREETADDRESS CITY-ST-ZIP	D ALLEN,BARBARA 4801NW15COURT MIAMI,FL	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 			4-21-05 305-261-8338 Date Daytime Phone#		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					