2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
07 APR 30 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# N99000005570

1. EntityName
WOMEN-N-BLUE,INC.

PrincipalPlaceofBusiness	MailingAddress
3453CHARLESAVE. COCONUTGROVE,FL33133	3453CHARLESAVE. COCONUTGROVE,FL33133

04212005 Chg-NP CR2E037 (10/03)

2. PrincipalPlaceofBusiness		3. MailingAddress	
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	7. NameandAddressofNewRegisteredAgent
WILSON,TARENA 3290NW172NDTERR. MIAMI,FL33056	Name StreetAddress (P.O.BoxNumberisNotAcceptable) City FL ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentanddatifapplicable (NOTE:RegisteredAgentsignaturesrequiredhere Including)

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/CHANGESTOOFFICERSANDDIRECTORSIN10	
TITLE NAME STREETADDRESS CITY-ST-ZIP	PD JACOBS,PORTIAY 3453CHARLESAVE. COCONUTGROVE,FL33133	☐ Delete	TITLE "C" NAME JACOBS SR., Edward STREETADDRESS 3453 Charles Ave CITY-ST-ZIP 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 100103095491 05/23/07--01012--024 **61.25
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	$61.25	☐ 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. Ihereby 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 attached sheet, with all other like empowered.

SIGNATURE: Portia Jacobs (PResident) DATE 04-27-07
SIGNATURE AND TYPED OR PRINTED NAME