

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000112515

FILED  
Apr 14, 2005  
Secretary of State

Entity Name: WOMEN'S CARE ENTERPRISES, INC.

## Current Principal Place of Business:

1725 E. HWY. 50, SUITE B  
CLERMONT, FL 34711

## New Principal Place of Business:

## Current Mailing Address:

1725 E. HWY. 50, SUITE B  
CLERMONT, FL 34711

## New Mailing Address:

FEI Number: 20-0294803

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GLOVER, SHELLEY C  
12096 TIGER LILLY CT  
CLERMONT, FL 34711 US

## Name and Address of New Registered Agent:

GLOVER, SHELLEY C  
6113 BLAKEFORD DRIVE  
WINDERMERE, FL 34786 US

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.

SIGNATURE: SHELLEY C GLOVER

04/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GLOVER, SHELLEY  
Address: 1725 E. HWY. 50, SUITE B  
City-St-Zip: CLERMONT, FL 34711

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELLEY C GLOVER

PRES

04/14/2005

Electronic Signature of Signing Officer or Director

Date