2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000112515

Entity Name: WOMEN'S CARE ENTERPRISES, INC.

FILED Feb 16, 2011 Secretary of State

New Principal Place of Business:
New Mailing Address:
FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of New Registered Agent:
urpose of changing its registered office or registered agent, or bot
nt Date

OFFICERS AND DIRECTORS:

Title:

 Name:
 GLOVER, SHELLEY

 Address:
 1725 E. HWY. 50, SUITE B

 City-St-Zip:
 CLERMONT, FL 34711

I hereby 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 all other like empowered.

SIGNATURE: SHELLEY C GLOVER DR 02/16/2011