

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142791

Entity Name: PRIVATE WOMAN, INC.

FILED
Aug 23, 2005
Secretary of State

Current Principal Place of Business:

8080 CLEARY BLVD., #809
PLANTATION, FL 33324

New Principal Place of Business:

12717 WEST SUNRISE BLVD.
348
SUNRISE, FL 33323 US

Current Mailing Address:

8080 CLEARY BLVD., #809
PLANTATION, FL 33324

New Mailing Address:

12717 WEST SUNRISE BLVD.
348
SUNRISE, FL 33324 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAND, MARK S ESQ.
3440 HOLLYWOOD BLVD., SUITE 450
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS () Change (X) Addition
Name: GEORGE, GEORGIANNA PRES
Address: 320 SOUTH FLAMINGO ROAD #128
City-St-Zip: PEMBROKE PINES, FL 33027

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: GEORGIANNA GEORGE

PRES

08/23/2005

Electronic Signature of Signing Officer or Director

_____ Date