

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000042964

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** GROWN WOMAN ENTERPRISES INC.

**Current Principal Place of Business:**

838 DESOTO ST  
SUITE E  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

2028 SHEPHERD RD  
SUITE 122  
MULBERRY, FL 33860

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BREATH OF LIFE OF CENTRAL FLORIDA  
838 DESOTO ST  
SUITE E  
CLERMONT, FL 34711 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ALLGOOD, GALE  
Address: 838 DESOTO ST  
City-St-Zip: CLERMONT, FL 34711

Title: VP  
Name: ELERBE, ACQUANETTA  
Address: 838 DESOTO ST  
City-St-Zip: CLERMONT, FL 34711

Title: TREA  
Name: ALLGOOD, GALE  
Address: 838 DESOTO ST  
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: GALE ALLGOOD

PRES

04/30/2010

Electronic Signature of Signing Officer or Director

Date