

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000086903

FILED  
Jul 01, 2006  
Secretary of State

Entity Name: THE WOMEN'S GROUP + ONE, INC.

## Current Principal Place of Business:

224 WASHINGTON AVE  
11  
HOMESTEAD, FL 33030

## New Principal Place of Business:

## Current Mailing Address:

224 WASHINGTON AVE  
11  
HOMESTEAD, FL 33030

## New Mailing Address:

FEI Number: 65-0959895

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MELLERSON, PATRICIA  
224 WASHINGTON AVE  
11  
HOMESTEAD, FL 33030 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: P ( ) Delete  
Name: JOHNSON, BARBARA C  
Address: 224 WASHINGTON AVE  
City-St-Zip: HOMESTEAD, FL 33030

Title: T ( ) Delete  
Name: JOHNSON, NICOLE  
Address: 224 WASHINGTON AVE  
City-St-Zip: HOMESTEAD, FL 33030

Title: V ( ) Delete  
Name: MELLERSON, PATRICIA  
Address: 224 WASHINGTON AVE  
City-St-Zip: HOMESTEAD, FL 33030

Title: S ( ) Delete  
Name: DEOSARRAN, RICHARD  
Address: 224 WASHINGTON AVE  
City-St-Zip: HOMESTEAD, FL 33030

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition  
Name: JOHNSON, BARBARA C  
Address: 224 WASHINGTON AVE  
City-St-Zip: HOMESTEAD, FL 33030

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

Title: P (X) Change ( ) Addition  
Name: MELLERSON, PATRICIA  
Address: 224 WASHINGTON AVE  
City-St-Zip: HOMESTEAD, FL 33030

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 Chapter 119, 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: PATRICIA MELLERSON

P

07/01/2006

Electronic Signature of Signing Officer or Director

Date