


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90024 011 \*\*\*150.00

<b>DOCUMENT # P99000086903</b>	
1. Entity Name THE WOMEN'S GROUP + ONE, INC.	

Principal Place of Business 224 WASHINGTON AVE 11 HOMESTEAD, FL 33030	Mailing Address 224 WASHINGTON AVE 11 HOMESTEAD, FL 33030
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**DO NOT WRITE IN THIS SPACE**

**66012252**



04082008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0959895	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MELLERSON, PATRICIA  
224 WASHINGTON AVE  
11  
HOMESTEAD, FL 33030

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: PATRICIA MELLERSON DATE: 4/5/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, BARBARA C 224 WASHINGTON AVE HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, NICOLE 224 WASHINGTON AVE HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELLERSON, PATRICIA 224 WASHINGTON AVE HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEOSARRAN, RICHARD 224 WASHINGTON AVE HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Mellerson DATE: 5/20/08 DAYTIME PHONE: 305-248-7772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR