

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000086903

FILED
Mar 21, 2009
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

03/21/2009

Electronic Signature of Signing Officer or Director

Date