

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V57137

FILED
Apr 26, 2004
Secretary of State

Entity Name: ALL ABOUT WOMEN'S HEALTH, INC.

Current Principal Place of Business:

721 US HWY 1
SUITE 109
N. PALM BAECH, FL 33408 US

Current Mailing Address:

721 US HWY 1
SUITE 109
N. PALM BEACH, FL 33408 US

FEI Number: 65-0370477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

560 VILLAGE BLVD.
SUITE 200
WEST PALM BEACH, FL 33409 US

New Mailing Address:

560 VILLAGE BLVD.
SUITE 200
WEST PALM BEACH, FL 33409 US

Name and Address of Current Registered Agent:

NELSON, MARYALICE
721 US HWY 1
SUITE 109
N. PALM BEACH, FL 33408 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: DPDT () Delete
Name: NELSON, MARYALICE
Address: 500 OCEAN DRIVE, APT 3A
City-St-Zip: JUNO BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MARYALICE NELSON

PRES

04/26/2004

Electronic Signature of Signing Officer or Director

Date