

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 19, 2007 8:00 am  
Secretary of State**

04-19-2007 90180 017 \*\*\*150.00

DOCUMENT # P03000016132



1. Entity Name  
DIVORCE FOR WOMEN, INC.

Principal Place of Business  
500 N. WESTSHORE BLVD.  
SUITE 1015  
TAMPA, FL 33609

Mailing Address

500 N. WESTSHORE BLVD.  
SUITE 1015  
TAMPA, FL 33609

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052007 Chg-P CR2E034 (12/06)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HUNTER, REGINA P  
500 N. WESTSHORE BLVD  
SUITE 1015  
TAMPA, FL 33609

Name

Street Address (P.O. Box Number is Not Acceptable)

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PRES  
NAME HUNTER, REGINA P  
STREET ADDRESS 500 N. WESTSHORE BLVD, SUITE 1015  
CITY-ST-ZIP TAMPA, FL 33609

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

Delete  Change  Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Delete  
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change  Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Delete  
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change  Addition  
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Delete  
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change  Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07 813-287-2227

Date

Daytime Phone #