

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90439 005 ***150.00

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04092006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000110418					
1. Entity Name NEW WOMEN INVESTMENTS, INC.					
Principal Place of Business P.O. BOX 357882 GAINESVILLE, FL 32635			Mailing Address P.O. BOX 357882 GAINESVILLE, FL 32635		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1208467	
				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			7. Name and Address of New Registered Agent		
PYE, THOMAS G ESQ. 408 W. UNIVERSITY DR. SUITE 108B GAINESVILLE, FL 32607			Name <u>Michelle Raulerson</u> Street Address (P.O. Box Number is Not Acceptable) <u>9574 SW 102nd Terrace</u> City <u>Gainesville</u> FL <u>32608-6056</u>		
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 <u>Michelle Raulerson President</u>				DATE <u>4-28-06</u>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reappointing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<u>RAULERSON, michelle</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<u>RAULERSON, MICHELLE</u>		NAME	<u>9574 SW 102nd Terrace</u>	
STREET ADDRESS	<u>522 SE MAID MARIAN LANE</u>		STREET ADDRESS	<u>GAINESVILLE, FL 32608-6056</u>	
CITY-ST-ZIP	<u>HISH SPRINGS, FL 32643</u>		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<u>LAMPP, MARYANN</u>		NAME		
STREET ADDRESS	<u>265 SE LILLIAN LOOP APT 101</u>		STREET ADDRESS		
CITY-ST-ZIP	<u>LAKE CITY, FL 32025</u>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<u>WITT, JUDY</u>		NAME		
STREET ADDRESS	<u>BOX 502 TURKEY CREEK</u>		STREET ADDRESS		
CITY-ST-ZIP	<u>ALACHUA, FL 32615</u>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Michelle Raulerson</u>				Date <u>4-28-06</u> 352 Daytime Phone # <u>494-0912</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					