

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

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**



03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1208467	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RAULERSON, MICHELLE
9574 SW 102ND TERRACE
GAINESVILLE, FL 32608-6056**

**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 _____
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	P
NAME	RAULERSON, MICHELLE
STREET ADDRESS	9574 SW 102ND TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 326086056

TITLE	V
NAME	LAMPP, MARYANN
STREET ADDRESS	265 SE LILLIAN LOOP APT 101
CITY-ST-ZIP	LAKE CITY, FL 32025

TITLE	D
NAME	WITT, JUDY
STREET ADDRESS	BOX 502 TURKEY CREEK
CITY-ST-ZIP	ALACHUA, FL 32615

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/07-80125-026 150.00

**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: *Michelle Raulerson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-07 *352-870-6440*
Date Daytime Phone #