


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P03000110418 1. Entity Name NEW WOMEN INVESTMENTS, INC. |  |
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|---|---|
| Principal Place of Business P.O. BOX 357882 GAINESVILLE, FL 32635 | Mailing Address P.O. BOX 357882 GAINESVILLE, FL 32635 |
|---|---|

DO NOT WRITE IN THIS SPACE



04212008 No Chg-P CR2E034 (11/05)

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|---|--------------------------------|
| 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

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|--|-----------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000003312411 |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RAULERSON, MICHELLE 9574 SW 102ND TERRACE GAINESVILLE, FL 326086056 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LAMPP, MARYANN 265 SE LILLIAN LOOP APT 101 LAKE CITY, FL 32025 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WITT, JUDY BOX 502 TURKEY CREEK ALACHUA, FL 32615 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

05/22/08-80007-002 150.00

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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 4-26-08 352-642-3761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #