


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # H06268

1. Entity Name
NEWTON INDUSTRIES (BOCA RATON), INC.



Principal Place of Business
8054 EASTLAKE DR 8-B
BOCA RATON, FL 33433-2114

Mailing Address
8054 EASTLAKE DR 8-B
BOCA RATON, FL 33433-2114

DO NOT WRITE IN THIS SPACE



02212007 No Chg-P CR2E034 (11/05)

4. FEI Number
04-2839048

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STEINBERG, MELVYN A.
8054 EASTLAKE DR 8B
BOCA RATON, FL 33433-2114

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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 *Melvyn A. Steinberg* DATE *2/26/07*

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	T
NAME	STROYMAN, SUMNER
STREET ADDRESS	3203 DEVONSHIRE WAY
CITY-ST-ZIP	WEST PALM BEACH, FL 33418
TITLE	P
NAME	STEINBERG, MELVYN A.
STREET ADDRESS	8054 EASTLAKE DR.
CITY-ST-ZIP	BOCA RATON, FL 334332114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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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 *Melvyn A. Steinberg* DATE *2/26/07* 581 483-2112

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