


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90117 002 *3,333.75
 03-29-2005 90117 003 *2,698.75
 03-29-2005 90117 004 ***476.25

DOCUMENT # P00000110593

1. Entity Name
NEWMAN INVESTMENTS, INC.



Principal Place of Business
**2 RIDGEDALE AVE., STE 370
 CEDAR KNOLLS, NJ 07927**

Mailing Address
**2 RIDGEDALE AVE., STE 370
 CEDAR KNOLLS, NJ 07927**

66007877

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2586123	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THE HERRICK COMPANY, INC.
 C/O NORTON HERRICK
 2295 CORPORATE BLVD N.W., STE 222
 BOCA RATON, FL 33431**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRICK, NORTON 2 RIDGEDALE AVE., STE 370 CEDAR KNOLLS, NJ 07927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARDS, DAVID 20 COMMUNITY PLACE MORRISTOWN, NJ 07960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RICHARDS, PHILIP 20 COMMUNITY PLACE MORRISTOWN, NJ 07960
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 files empowered.

SIGNATURE:  **Pres.** **3/22/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #