


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90227 007 ***150.00

DOCUMENT # 841665	
1. Entity Name HERBERT S. NEWMAN & PARTNERS, PROFESSIONAL CORPORATION	

Principal Place of Business 300 YORK STREET NEW HAVEN, CT 06511	Mailing Address 300 YORK STREET NEW HAVEN, CT 06511
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DO NOT WRITE IN THIS SPACE



04052006 No Chg-P CR2E034 (11/05)

4. FEI Number 06-0901699	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 BELL, OWEN 301 DANIA BEACH BOULEVARD DANIA, FL 33004

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

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD NEWMAN, HERBERT S. 12 ROUND HILL LANE WOODBIDGE, CT 06525
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NEWMAN, EDNA L. 12 ROUND HILL LANE WOODBIDGE, CT 06525
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SCHIFFER, JOSEPH C. 52 RIVERVIEW AVENUE BRANFORD, CT 06405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GODSHALL, ROBERT J 123 YORK STREET NEW HAVEN, CT 06511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEWMAN, NOEL Manday, Richard 4 ELLIOT PLACE 59 Lincoln Sr. FAIRFIELD, CT 06430 New Haven CT 06511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS TERRY, MAVIS B 117 NORTHFORD RD. BRANFORD, CT 06405

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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: <u>Manday R. Terry</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>4/5/06</u> Daytime Phone #: <u>(203) 772-1490</u>