

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90243 036 \*\*\*150.00

DOCUMENT # F03000002293



1. Entity Name  
**M. ALISON NEWTON INC.**

Principal Place of Business  
**430 AUSTRALIAN AVE.  
 #101  
 PALM BEACH, FL 33480**

Mailing Address  
**C/O JA LARUSSA CPA 505 EIGHTH AVE.  
 12A  
 NEW YORK, NY 10018**



2. Principal Place of Business  
**430 AUSTRALIAN AVE**

3. Mailing Address  
**C/O JA LARUSSA CPA 505 8TH AVE**

Suite, Apt. #, etc.  
**# 101**

State, Apt. #, etc.  
**Suite 12A01**

03072006 Chg-P CR2E034 (11/05)

City & State  
**Palm Beach FL**

City & State  
**NEW YORK, NY**

4. FEI Number  
**13-3707281**

Applied For  
 Not Applicable

Zip  
**33480**

Zip  
**10018**

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

6. Name and Address of Current Registered Agent

**NEWTON, MARY A  
 430 AUSTRALIAN AVE  
 PALM BEACH, FL 33452**

7. Name and Address of New Registered Agent

Name  
**MARY A NEWTON**

Street Address (P.O. Box Number is Not Acceptable)  
**430 AUSTRALIAN AVE #101**

City  
**Palm Beach** FL Zip Code  
**33480**

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 necessary) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00** May Be  
 Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	CP	<input type="checkbox"/> Delete
NAME	NEWTON, MARY ALISON	
STREET ADDRESS	430 AUSTRALIAN AVE. #101	
CITY-STATE-ZIP	PALM BEACH, FL 33480	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAROSSA, JOHN	
STREET ADDRESS	JA LAROSSA CPA PC 505 8TH AVE.	
CITY-STATE-ZIP	NEW YORK, NY 10018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY ALISON NEWTON	
STREET ADDRESS	430 AUSTRALIAN AVE #101	
CITY-STATE-ZIP	PALM BEACH, FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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 entries covered.

SIGNATURE: *Mary Alison Newton*

March 13, 2006