


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90018 045 ***158.75

DOCUMENT # F03000002293

1. Entity Name
M. ALISON NEWTON INC.



Principal Place of Business Mailing Address

**430 AUSTRALIAN AVE.
 #101
 PALM BEACH, FL 33480**

**C/O JA LAROSSA CPA 505 EIGHTH AVE.
 SUITE 12A01
 NEW YORK, NY 10018**

40027580



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

430 Australian Ave Suite, Apt. #, etc.

Suite 101 Suite, Apt. #, etc.

01222008 Chg-P CR2E034 (12/06)

City & State City & State

Palm Beach, FL City & State

Zip Country Zip Country

33480 **U.S.** Zip Country

4. FEI Number Applied For

13-3707281 Not Applicable

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

6. Name and Address of Current Registered Agent

**NEWTON, MARY A
 430 AUSTRALIAN AVE
 SUITE 101
 PALM BEACH, FL 33452**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. **\$5.00 May Be Added to Fees**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP Newton, Mary Alison 430 Australian Ave Ste. 101 Palm Beach FL 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mary Alison Newton 2-15-08 Date Daytime Phone #