## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000002293

Entity Name: M. ALISON NEWTON INC.

JA LAROSSA CPA PC 505 8TH AVE.

NEW YORK, NY 10018

Address:

City-St-Zip:

FILED Feb 02, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
SUITE 10	RALIAN AVE 1 ACH, FL 3348	0			
Current N	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
SUITE 12/		505 EIGHTH AVE.			
FEI Number	: 13-3707281	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registere				New Registered Agent:	
SUITE 10°	RALIAN AVE	2 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	gent	Date	
Election Ca	mpaign Financin	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	NEWTON MAR 480 AUSTRAL	IAN STE. 101	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	S (	) Delete HN	Title: Name	( ) Change ( ) Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ALISON NEWTON CP 02/02/2009