

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002293

Entity Name: M. ALISON NEWTON INC.

FILED  
Jan 05, 2011  
Secretary of State

**Current Principal Place of Business:**

430 AUSTRALIAN AVE  
SUITE 101  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 13-3707281      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: NEWTON MARY, ALISON  
Address: 480 AUSTRALIAN STE. 101  
City-St-Zip: PALM BEACH, FL 33480

Title: S  
Name: LAROSSA, JOHN  
Address: JA LAROSSA CPA PC 505 8TH AVE.  
City-St-Zip: NEW YORK, NY 10018

I hereby 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 all other like empowered.

SIGNATURE: MARY ALISON NEWTON

CP

01/05/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date