


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # H06268 1. Entity Name NEWTON INDUSTRIES (BOCA RATON), INC.	
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Principal Place of Business 8054 EASTLAKE DR 8-B BOCA RATON, FL 33433-2114	Mailing Address 8054 EASTLAKE DR 8-B BOCA RATON, FL 33433-2114
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DO NOT WRITE IN THIS SPACE

02252005 No Chg-P CR2E034 (10/03)

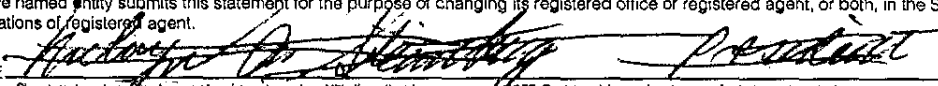
4. FEI Number 04-2839048	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEINBERG, MELVYN A.
8054 EASTLAKE DR 8B
BOCA RATON, FL 33433-2114

**DO NOT WRITE
IN THIS SPACE**

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  DATE 3/8/05

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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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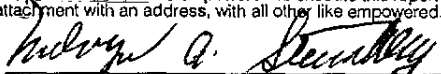
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STROYMAN, SUMNER 3203 DEVONSHIRE WAY WEST PALM BEACH, FL 33418
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STEINBERG, MELVYN A. 8054 EASTLAKE DR. BOCA RATON, FL 334332114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/23/05-80006-003 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  MELVYN A. STEINBERG
3/5/05 561 483-2112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #