2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000021440

4571 COMBER AVE

ENCINO, CA 91316 US

Address:

City-St-Zip:

FILED Mar 13, 2008 Secretary of State

Entity Name: NEWLAND ELECTRONICS, INC.							
Current Principal Place of Business:				New Principal Place of Business:			
	RNATIONAL , FL 32819	OR US					
Current Ma	ailing Addre	ss:	New Mail	New Mailing Address:			
	RNATIONAL , FL 32819	OR US					
FEI Number:	20-2325885	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desired	1()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
ACCOUNT BOOKKEEPING CORP 5950 LAKEHURST DR STE 246 ORLANDO, FL 32819 US				SCHAFER, MITCHEL AND SHERIDAN 541 S. ORLANDO AVE SUITE 300 MAITLAND, FL 32751 US			
The above in the State		submits this statement for the pu	urpose of changing	its registered	office or registered agent, o	or both,	
SIGNATURE: DANIEL EILON				03/13/2008			
	Electro	nic Signature of Registered Ager	nt		Date		
Election Carr	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (COHEN, ISAAC 4145 SUNSWE STUDIO CITY,	EPT DR	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	EILON, DANIE	N TERRACE 1011	Title: Name: Address: City-St-Zip:	EILON, DANIE	AL CREEK BLVD		
Title: Name: Address: City-St-Zip:	ROSEMBERG	CENTRAL PKWY UNIT 9	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name:	S (COHEN, AARC) Delete N G MR.	Title: Name:	() Change () Addition		

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.

Address:

City-St-Zip:

SIGNATURE: DANIEL EILON VΡ 03/13/2008