## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000002898

Entity Name: NEWTON INSURANCE, INC.

2292 MAYPORT ROAD, SUITE 33

ATLANTIC BEACH, FL 32233

Address:

City-St-Zip:

FILED Apr 27, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2292 MAYPORT ROAD SUITE 33 ATLANTIC BEACH, FL 32233 **New Mailing Address: Current Mailing Address:** 2292 MAYPORT ROAD SUITE 33 ATLANTIC BEACH, FL 32233 FEI Number: 59-3285251 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NEWTON, MICHAEL 2292 MAYPORT ROAD SUITE 33 ATLANTIC BEACH, FL 32233 US 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition NEWTON, MICHAEL Name: Name: 2292 MAYPORT ROAD, SUITE 33 Address: Address: City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: NEWTON, MALLORY Name:

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: MICHAEL NEWTON D 04/27/2007