2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-22-2005 90077 044 ***150.00
P95000003628

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05 JUN 30 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000003628

1. Entity Name
ALAN NEWMAN & CO., INC.

Principal Place of Business	Mailing Address
13201 LA SABINA DRIVE DELRAY BEACH, FL 33446 US	13201 LA SABINA DRIVE DELRAY BEACH, FL 33446 US

T. Roberts JUN 30 2005

06152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0552381
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NEWMAN, ALAN M
13201 LA SABINA DRIVE
DELRAY BEACH, FL 33446

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

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	Pres + CEO
NAME	NEWMAN, ALAN M
STREET ADDRESS	13201 LASABINA DRIVE
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	V. Pres
NAME	DIRECTOR NEWMAN
STREET ADDRESS	2916 L'CRAIGAGE Ave
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Alan Newman Pres 6/15/05 561-750-3705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #