

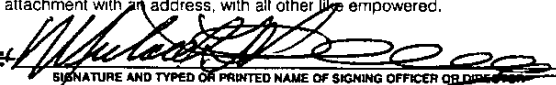


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90048 042 ***550.00

DOCUMENT # F04000000417					
1. Entity Name NEWPORT HOSPITALITY GROUP, INC.					
Principal Place of Business 460 MCLAWS CIRCLE, SUITE 120 WILLIAMSBURG, VA 23185 4290 New Town Ave Williamsburg, VA 23188		Mailing Address 460 MCLAWS CIRCLE, SUITE 120 WILLIAMSBURG, VA 23185 4290 New Town Ave Williamsburg, VA 23188		<p style="text-align: right; font-size: 24px; font-weight: bold;">50055859</p> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07112005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 54-1603776	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TANZER, C.D. FREDERICK JR. 300 SWEETWATER COVE BLVD. S. LONGWOOD, FL 32779				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAREY, WILLIAM G	NAME			
STREET ADDRESS	VAN BEUREN ROAD	STREET ADDRESS			
CITY-ST-ZIP	MORRITOWN, NJ 07960	CITY-ST-ZIP			
TITLE	DPAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PLENINGER, MICHAEL L	NAME			
STREET ADDRESS	224 SIR THOMAS LUNSFORD DRIVE	STREET ADDRESS			
CITY-ST-ZIP	WILLIAMSBURG, VA 23185	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TANZER, C.D. FREDERICK JR.	NAME			
STREET ADDRESS	300 SWEETWATER COVE BLVD. S.	STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD, FL 32779	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 lines empowered.					
SIGNATURE: 		President		7/11/05 757-221-0100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	