

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000039782  
 1. Entity Name  
 NEWPORT AVIATION, INC.



Principal Place of Business  
 300 INTERNATIONAL PARKWAY  
 SUITE 270  
 HEATHROW, FL 32746

Mailing Address  
 300 INTERNATIONAL PARKWAY  
 SUITE 270  
 HEATHROW, FL 32746



04252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 27-0010231	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CAHALL, PETER S  
 300 INTERNATIONAL PKWY  
 SUITE 270  
 HEATHROW, FL 32746-5028

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPISI, JAMES M 300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CAHALL, PETER S 300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW, FL 32746
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U00000558575  
 05/17/06-80016-003 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: James M Campisi 4/25/06 (407) 333-2905  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #