


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000082008 1. Entity Name NEWPORT CONSULTING, INC.	
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Principal Place of Business 300 INTERNATIONAL PKWY STE 270 HEATHROW, FL 32746-5028	Mailing Address 300 INTERNATIONAL PKWY STE 270 HEATHROW, FL 32746-5028
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04142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1166593	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	D CAHALL, PETER S 300 INTERNATIONAL PKWY STE 270 HEATHROW, FL 327465028
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAMPISI, JAMES M 300 INTERNATIONAL PKWY STE 270 HEATHROW, FL 327465028
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MELZER, MENDEL M 300 INTERNATIONAL PKWY STE 270 HEATHROW, FL 327465028
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05/02/05-80124-011 150.00

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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:  Peter S. Cahall 4/14/05 (407) 333-2905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #