

2006 FOR PROFIT CORPORATION ANNUAL REPORT

All Inc

150

130-60190.00

DOCUMENT # P03000081264
 1. Entity Name
 NEWPORT HOMES, INC.



FILED
 06 APR 19 AM 9:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 3579 S ACCESS ROAD, SUITE L
 ENGLEWOOD, FL 34224

Mailing Address
 3579 S ACCESS ROAD, SUITE L
 ENGLEWOOD, FL 34224



DO NOT WRITE IN THIS SPACE

01172006 No Chg-P CR2E034 (11/05)

4. FFL Number
~~20-8796514~~ **56-2385351** Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NEWELL, DARRYL A
 3579 S ACCESS ROAD, SUITE L
 ENGLEWOOD, FL 34224

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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 _____ (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 | DIR NEWELL, DARRYL A 3579 S ACCESS ROAD, SUITE L ENGLEWOOD, FL 34224 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR PORTER, WILLIAM S 3579 S ACCESS ROAD, SUITE L ENGLEWOOD, FL 34224 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P NEWELL, DARRYL A 3579 S. ACCESS RD STE L ENGLEWOOD, FL 34224 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PORTER, WILLIAM S 3579 S. ACCESS RD STE L ENGLEWOOD, FL 34224 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T PORTER, SHERRY L 3579 S. ACCESS RD STE L ENGLEWOOD, FL 34224 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

Porter

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 04/21/06--01018--003 **350.00

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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: *Darryl A Newell* 4-6-06 941-474-9523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #