FILED
Mar 20, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000115480

1. Entity Name
NORTHPORT ADVISORS, INC.

Principal Place of Business	Mailing Address
3241 SUNSET KEY CIRCLE PUNTA GORDA, FL 33955	191 POST ROOD WEST WESTPORT, CT 06880

DO NOT WRITE IN THIS SPACE

03102006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0370024
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, RICHARD
3241 SUNSET KEY CIRCLE
PUNTA GORDA, FL 33955

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 _____ 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, 2006 Fee will be $550.00

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

U00000474936
04/04/06-80044-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, RICHARD
STREET ADDRESS	3241 SUNSET KEY CIRCLE
CITY-ST-ZIP	PUNTA GORDA, FL 33955
TITLE	S
NAME	SMITH, RICHARD
STREET ADDRESS	3241 SUNSET KEY CIRCLE
CITY-ST-ZIP	PUNTA GORDA, FL 33955
TITLE	T
NAME	SMITH, RICHARD
STREET ADDRESS	3241 SUNSET KEY CIRCLE
CITY-ST-ZIP	PUNTA GORDA, FL 33955
TITLE	V
NAME	LEBOUTHINIER, SALLY
STREET ADDRESS	232 HURD ST
CITY-ST-ZIP	FAIRFIELD, CT 06824
TITLE	V
NAME	SMITH, PAMELA
STREET ADDRESS	3241 SUNSET KEY CIR
CITY-ST-ZIP	PUNTA GORDA, FL 33955
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 3/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #