

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001129

FILED
Apr 09, 2009
Secretary of State

Entity Name: PORTS AMERICA GULFPORT, INC.

Current Principal Place of Business:

99 WOOD AVE SOUTH 8TH FLOOR
ISELIN, NJ 08830

New Principal Place of Business:

1105 30TH AVENUE
SUITE 201
GULFPORT, MS 39501 US

Current Mailing Address:

99 WOOD AVE SOUTH 8TH FLOOR
ISELIN, NJ 08830

New Mailing Address:

99 WOOD AVE. SOUTH
8TH FLOOR
ISELIN, NJ 08830 US

FEI Number: 72-0121715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORGAN, DAVID
Address: 601 LOUISIANA AVE
City-St-Zip: NEW ORLEANS, LA 70115

Title: V (X) Delete
Name: FOGARTY, FRANK
Address: 99 WOOD AVE S 8TH FLOOR
City-St-Zip: ISELIN, NJ 08830

Title: V (X) Delete
Name: CUMMINGS, MARK S
Address: 99 WOOD AVE SOUTH 8TH FLOOR
City-St-Zip: ISELIN, NJ 08830

Title: V (X) Delete
Name: WILSON, MARK
Address: 99 WOOD AVE SOUTH 8TH FLOOR
City-St-Zip: ISELIN, NJ 08830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: TELMAN, DEBORAH
Address: 99 WOOD AVE. SOUTH, 8TH FLOOR
City-St-Zip: ISELIN, NJ 08830 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH TELMAN

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04/09/2009

Electronic Signature of Signing Officer or Director

Date